

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Ashburn Square of Tampa, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
ASHBURN SQUARE OF TAMPA, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is ASHBURN SQUARE OF TAMPA, LLC.

ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is:

6522 Gunn Highway
Tampa, Florida 33625

ARTICLE III - Management:

The Limited Liability Company is to be managed by the members.



Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul R. Lynch
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is ASHBURN SQUARE OF TAMPA, LLC.
2. The name and the Florida street address of the registered agent are:

Paul R. Lynch
101 East Kennedy Blvd., Suite 2800
Tampa, Florida 33602

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature

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