

L030000007444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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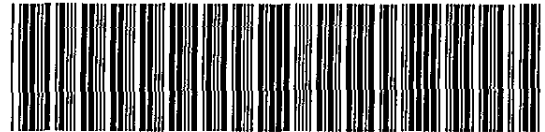
(Business Entity Name)

(Document Number)

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J. BRYAN FEB 28 2003

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 1779383
(Sub Account)

DATE: 2/27

REQUESTOR NAME: Lexis Document Service

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: Greit-DCF Campus, LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

☒ CERTIFIED COPY (1-9)

☒ CERTIFICATE OF STATUS (1-9)

☐ PLAIN STAMPED COPY

2 sets please.

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195.00

() Call When Ready
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREIT - DCF Campus, LLC

ARTICLE II - Address:

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

c/o Hirschler Fleischer, P. O. Box 500, Richmond, Virginia 23218-0500, Attention: Lara D. Coleman

c/o Hirschler Fleischer, 701 E. Byrd Street, Richmond, Virginia 23219, Attention: Lara D. Coleman

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

LexisNexis Document Solutions

3953 WW Kelley Road

Florida street address (P.O. Box **NOT** acceptable)
Tallahassee, Florida 32311

City, State, and Zip

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 as provided for in Chapter 608, F.S..

C. Woodward, as agent
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Lara D. Coleman
Signature of a member or 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.)

Lara D. Coleman

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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