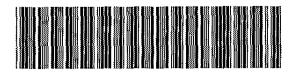
603000008563 FILED 03 MAR 10 PM 2: 01

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

SEUNE TAKY OF STATE TALLAHASSEE, FLORIDA



600013156256

03/10/03--01039--010 **330.00

AL



ATTORNEYS' TITLE Requestor's Name 1965 Capital Circle NE, Suite A Address Tallahassee, Fl 32308 850-222-2785 City/St/Zip Phone

FILED

03 MAR 10 PM 2: 04

SEURLTARY OF STATE
TALLAHASSEE, FLORIDA

| Tallahassee, Fl 3230 | 8 850-222-2785 | |
|---------------------------------------|--------------------------------|-----------------------|
| City/St/Zip | Phone # | |
| | | |
| | | |
| CORPORATION NAW | IE(S) & DOCUMENT NUMBE | R(S), (if known): |
| 4 50.000 | THYONOT HO | |
| 1- 50 SOU | TH YONGE, LLC | |
| 2- | | |
| 3- | | |
| J | | |
| 4- | | |
| | | |
| X Walk-in | Pick-up time ASAP | XXX Certified Copy |
| Mail-out | Will wait Photocopy | Certificate of Status |
| I I I I I I I I I I I I I I I I I I I | | OSI MISARS SI SIANS |
| | | |
| NEW FILINGS | AMENDMENTS | |
| Profit | Amendment | |
| Non-Profit | Resignation of R.A., Officer/D | Director |
| XXX Limited Liability | Change of Registered Agent | |
| Domestication | Dissolution/Withdrawal | |
| Other | Merger | |
| OTHER FILINGS | REGISTRATION/QUALIFICAT | ION |
| Annual Report | Foreign | |
| Fictitious Name | Limited Partnership | |
| Name Reservation | Reinstatement | |
| | Trademark | |
| | Other | |

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY LED 03 MAR 10 PM 2: 04

ARTICLE I - Name:

The name of the Limited Liability Company is:

50 SOUTH YONGE, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

8 Waterfront Court, Ormond Beach, FL 32174

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

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

| Randall L. Hendrix | |
|----------------------|------------------------------|
| | Name |
| 8 Waterfront Court | <u> </u> |
| Florida street addre | ss (P.O. Box NOT acceptable) |
| Ormond Beach | FL 32174 |
| | 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.

Registered Agent's Signature

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

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.)

Randall L. Hendrix
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)