

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations
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From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387

To:

From:

Account Number : 075500004387 : (813)229-7600 Phone

Fax Number : (813)229-1660

LIMITED LIABILITY COMPANY

MERIDIAN PROPERTY SERVICES I, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

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ARTICLES OF ORGANIZATION MERIDIAN PROPERTY SERVICES I, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is MERIDIAN PROPERTY SERVICES I, LLC.

ARTICLE II - Address:

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

471 Harbor Drive South Indian Rocks Beach, Florida 33785

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 13TH day of March 2003.

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.)

Michael H. Robbins

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 MERIDIAN PROPERTY SERVICES I, LLC.
- 2. The name and the Florida street address of the registered agent are:

Michael H. Robbins Shumaker, Loop & Kendrick, LLP 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