JUN-17-2003 13: 15 Division of Turpuration Ann S. GASSMAN P. A. (2)

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514 Phone: (727)442-1200 Fax Number: (727)443-5829

LIMITED LIABILITY COMPANY

LAKE WEIR, L.L.C.

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ARTICLES OF ORGANIZATION FOR FLORES LEMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKE WEIR, L.L.C.

ARTICLE II - Address:

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

2100 S.W. 42nd Street Ocala, FL 34474

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

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

<u>ALAN S. GASSMAN, ESOUIPE</u>

Name

1245 Court Street, Suite 162.
Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33756 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, Thereby 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 Stantes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

ALAN S. GASSMAN, ESQUIRE

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Fax Audit #H03000215537 9