Florida Department of State

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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

LIMITED LIABILITY COMPANY

CLEARVIEW AVENUE, LLC

 Certificate of Status
 1

 Certified Copy
 0

 Page Count
 02

 Estimated Charge
 \$130.00

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# ARTICLES OF ORGANIZATION CLEARVIEW AVENUE, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is CLEARVIEW AVENUE, LLC.

### ARTICLE II - Address:

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

6522 Gunn Highway Tampa, FL 33625

#### ARTICLE III - Management:

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

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 26<sup>th</sup> day of June, 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.)

Paul R. Lynch
Typed or printed name of signee

SECRETARY OF STATE

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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 CLEARVIEW AVENUE, LLC.
- 2. The name and the Florida street address of the registered agent are:

Paul R. Lynch, Esq.
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.

Face Signature

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