Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004 Phone : (407)423-3200 Fax Number : (407)843-4076 SEUNGIARY OF STATE

LIMITED LIABILITY COMPANY

Smith-Schaffer Ford, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SMITH-SCHAFFER FORD, LLC

ARTICLE II - Address:

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

300 South Orange Avenue, Suite 1000 Orlando, Florida 32801

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

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

Corporation Company of Miami 201 S. Biscayne Blvd., 1600 Miami Center (JGH) Miami, Florida 33131

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.

Corporation Company of Miami

J. Gregory Humphries, Vice President

Signature of a member or an authorized representative of a member.

J. Gregory Humphries, Authorized Representative

(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.)

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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