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From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
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0631-22584

LIMITED LIABILITY COMPANY

RMW TIMUQUANA ROAD, LLC

Certificate of Status	1
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Page Count	02
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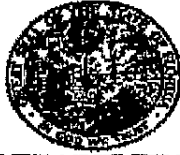
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Department of State 1/13/2004 10:15 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 13, 2004

CORPORATE & CRIMINAL RESEARCH SERVICES

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SUBJECT: RMW TIMUQUANA ROAD, LLC
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BMW Timuquena Road, LLC**ARTICLE II - Address:**

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

Principal Office Address:6170 A-1-A South, Unit 119St. Augustine, Florida 32080**Mailing Address:**6170 A-1-A South, Unit 119St. Augustine, Florida 32080**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert M. Worgen

Name

6170 A-1-A South, Unit 119Florida street address (P.O. Box **NOT** acceptable)St. AugustineFLORIDA 32080

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, 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, Florida Statutes..


Registered Agent's SignatureSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRRobert M. Worgan8170 A-1-A South, Unit 118St. Augustine, FL 32080

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**
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.)

Robert M. Worgan

Typed or printed name of signer

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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