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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : TRUMAN J. COSTELLO, P.A.

Account Number : I20020000024 Phone

: (941)939-2222

Fax Number

: (941) 939-2280

# LIMITED LIABILITY COMPANY

Koreshan/Cypress View, LLC

Certificate of Status	1
Certified Copy	0
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MISION OF CORPORATION

3/24/2004

## ARTICLES OF ORGANIZATION OF KORESHAN/CYPRESS VIEW, LLC

The undersigned, being authorized to execute and file these articles, hereby certifies that:

#### ARTICLE I - Name:

The name of the Limited Liability Company is: Koreshan/Cypress View, LLC

#### ARTICLE II - Address

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

12651 McGregor Blvd. 4-403, Fort Myers, FL 33919

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

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

Truman J. Costello, esquire 12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

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..

Fruman J. Costello, registered agent

ARTICLE IV Management

The limited liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company-

uman J. Costello, authorized representative

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