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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY**via poinciana, llc**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

VIA POINCIANA, LLC

ARTICLE I

The name of the Limited Liability Company shall: VIA POINCIANA, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 13301 TANGERINE BLVD., WEST PALM BEACH, FL 33412.

ARTICLE IV

The name and the Florida street address of the registered agent are:
RONDA MOORE, 13301 TANGERINE BLVD., WEST PALM BEACH,
FL 33412.

ARTICLE V

The names of the Members and Managing Members shall be:

RONDA MOORE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

VIA POINCIANA, LLC.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Ronda Moore
Registered Agent

R. Moore
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.)

RONDA MOORE
Typed or printed name of signer

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STATE OF FLORIDA