

May 26 04 12:55p

Division of Corporations

10-42646

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

FOURPLEX, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2004 MAY 26 AM 11:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOURPLEX, LLC

ARTICLE II - Address:

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

Principal Office Address:

36112 EMERALD COAST

DESTIN, FLORIDA 32541

Mailing Address:

5255 POPLAR AVENUE

MEMPHIS, TENNESSEE 38119

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

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

NRAI Services, Inc.

Name

528 E. Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FLORIDA 32301

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.

NRAI Services, Inc.

By: Stephanie Korman

Registered Agent's Signature

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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DON PELTS

5255 POPLAR AVENUE

MEMPHIS, TENNESSEE 38119

MGRM

BARRY PELTS

5255 POPLAR AVENUE

MEMPHIS, TENNESSEE 38119

MGRM

ANDREW WOODMAN

5255 POPLAR AVENUE

MEMPHIS, TENNESSEE 38119

(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.)

SAM D. CHAFETZ, Organizer

Typed or printed name of signer

Filing Fees:

\$108.00 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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TALLAHASSEE, FLORIDA