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Florida Department of State
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To: Division of Corporations
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From: Account Name : FOLEY & LARDNER
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DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY

169 AUGUSTINE ISLAND WAY, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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FAX AUDIT NO.: H04000215948

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 165 AUGUSTINE ISLAND WAY, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 6 FAIRFIELD BOULEVARD, SUITE 3, PONTE VEDRA BEACH, FLORIDA 32082.

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

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

F&L CORP.
Name
ONE INDEPENDENT DRIVE, SUITE 1300
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE, FL 32202
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 completed 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.

F&L CORP.

By: Charles V. Hedrick
Charles V. Hedrick, Authorized Signatory

(An additional article must be added if an effective date is requested)

Matthew G. Breuer
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.)

MATTHEW G. BREUER, Authorized Representative
Typed or printed name of signee

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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