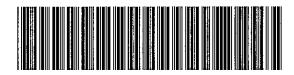
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### TRANSMITTAL LETTER

TO: Registration Se Division of Co	ction			
SUBJECT: Qe	aional La	nd Company)	Y,LLCan	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	H-500	
Please return all corresp	ondence concerning this matte	r to the following:	Eng. 3	
<u> </u>	herie Ry	S5 j Name of Person)	STATE A FLORIDA	
Penning	you Lay	S Firm/Company)		
215	S. Monr	be Stree (Address)	+	
Tallahassee fl 32301  dity/State and Zip Code)				
For further information concerning this matter, please call:				
Cheric	7,	at (850) 241 (Area Code & Daytime To	elephone Number)	
Enclosed is a check fo	r the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

#### ARTICLES OF ORGANIZATION

OF

#### REGIONAL LAND COMPANY, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

#### 1. NAME.

The name of the Limited Liability Company is REGIONAL LAND COMPANY, LLC (hereinafter referred to as the "Company").

#### 2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

#### 3. PURPOSE.

The purpose for which the Company is organized is to purchase, own, market, broker, sell, lease, mortgage, develop and do everything incidental or necessary relating to real property and personal property, including development, marketing, and brokering and to engage in any and all other businesses and activities permitted by

GANIZATION

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the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

#### 4. ADDRESS OF PLACE OF BUSINESS.

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The mailing and street address of the place of business in Florida for the Company is 3500 Financial Plaza, Suite 202, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

#### 5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is:
Thomas Deison, and the initial registered office is located at 3500
Financial Plaza, Suite 202, Tallahassee, Florida 32312.

#### 6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows:

One Hundred and No/100 Dollars (\$100.00) in cash.

#### 7. <u>ADDITIONAL CONTRIBUTIONS</u>.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization.

Additional contributions, if any, will be made as provided in the

. Operating Agreement.

#### 8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

#### 9. MANAGEMENT.

The Company shall be manager-managed. The initial manager shall be:

Thomas Deison

#### 10. <u>INDEMNIFICATION</u>.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

#### 11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at Tallahassee, Florida, on this // day of October, 2004. Regional Capital Fund, LLLP, Member By: General Partner STATE OF FLORIDA COUNTY OF LEON The foregoing instrument was acknowledged before me this 1 day of Offeber, 2004, by Robert Deison, Managing General Partner of Regional Capital Fund, LLLP, Member of REGIONAL LAND COMPANY, LLC, a Florida limited liability company, on behalf of the company. He is personally known to me or has produced identification. (SEAL) Linda J. Campbell
Print, Type or Stamp Name of Notary Public Linda J. Campbell
Commission # DD318072
Expires July 16, 2008
Sended Troy Fain Insurance, Inc. 800-985-7019

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the company is: REGIONAL LAND COMPANY, LLC
- 2. The name and address of the registered agent and office is:

Thomas Deison \_\_\_\_\_ (NAME)

3500 Financial Plaza, Suite 202 (P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32312 (CITY/STATE/ZIP)

Regional Capital Fund, LLLP, a Florida limited liability limited partnership, Member of REGIONAL LAND COMPANY, LLC

Robert Deison, its Managing General Partner
DATE 11-10-4

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.

SIGNATURE / home H-

DATE 11-11-04

REGISTERED AGENT FILING FEE: \$25.00