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To:

Division of Corporations

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From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374

Phone : (407)418-2435

Fax Number

: (407)420-5909

# LIMITED LIABILITY COMPANY

JAXATL Capital LLC

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAXATL CAPITAL LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Capital Partners, Inc. One Independent Drive, Stite 114 Jacksonville, Floride 32202

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

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

Name:

NRAI Services, Inc.

Addresa

526 H. Park Avenue

Tallabassee, Florida 32301

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.,

Registered Agent's Signature

ABTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a

manager - managed company.

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.)

> Russell P. Hinne Typed or printed name of signee

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