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Divis: Pax M From: Contractor Prom: Account Account Phone Fax Nu	(((H05000015943 3))) NOT hit the REFRESH/RELOAD button on your browser page. Doing so will generate another cover sheet. Ion of Corporations imber : (850)205-0383 At Name : ZIMMBRMAN, KISER, & SUTCLIFFE, P.A. At Number : I19990000006 : (407)425-7010 imber : (407)425-2747	from this SECRETARY OF SURE FLORIDE. FLORIDE.
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ARTICLES OF ORGANIZATION OF HAGERSTOWN, LLC

A Florida Limited Liability Company

ARTICLE I NAME

The name of this limited liability company is HAGERSTOWN, LLC, referred to Articles of Organization as the "Company."

ARTICLE II MAILING AND STREET ADDRESS

The mailing address and street address of the Limited Liability Company is as follows: iğm

580 West Palm Valley Drive Oviedo, Florida 32765

ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced at 12:01 a.m. on January 18, 2005, or, if later, at such time and date as is five (5) business days prior to the date on which these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent at such address are as follows:

> Franklin C. George, III 580 West Palm Valley Drive Oviedo, Florida 32765

ARTICLE V MANAGEMENT

The Company is to be a manager-managed company.

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ARTICLE VI APPLICABLE LAW

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The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

Franklin C. George, III, Member



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ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the 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 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 of the Florida Statutes.

FILED