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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

1420 Osprey Avenue, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1420 Osprey Avenue, LLC**ARTICLE II - Address:**

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

Principal Office Address:9150 Galleria Court, Suite 100Naples, Florida 34109-4379**Mailing Address:**9150 Galleria Court, Suite 100Naples, Florida 34109-4379**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation SystemName1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)Plantation, Florida 33324City, 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 heraby 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.

CT Corporation System
Registered Agent's Signature

JAMES M. NEWSOME
Special Assistant Secretary

(CONTINUED)

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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:MGRMMark R. Chaney9150 Galleria Court, Suite 100Naples, FL 34109-4379______________________________

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Mary Ellen O'Dell Schantz
 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.)

Mary Ellen O'Dell Schantz, Authorized Representative

Typed or printed name of signee

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation
 of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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