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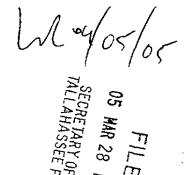
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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STATE ORIDA

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MC Crestview, LLC	111111111111111111111111111111111111111	
(Name of Limite	d Liability Company)	
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Garna D. Miller		
(1	Name of Person)	
Coleman, Talley, Newbern, Kurrie, Preston & Ho		
0	Firm/Company)	
910 North Patterson Street		OS F
o to trotain allessen select	(Address)	一一一一
Valdosta, Georgia 31606		HAR 28 PH 1: 59 ECRETARY OF STATE LLAHASSEE FLORID
Спул	State and Zip Code)	经 5
For further information concerning this matter, please	call:	Dr. O
Garna D. Miller	at ( 229 ) 242-7562	
(Name of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount:		
<b>Ø</b> \$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:	MAILING A	DDRESS:
Registration Section	Registration S	
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, F.	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	<b>:</b>	
MC Crestview, LLC		
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
	SF AI	
2002 Summit Blvd., Suite 1000	2002 Summit Blvd., Suite 1000	
Atlanta, Georgia 30319	Atlanta, Georgia 30319	
	28 [	
ARTICLE III - Registered Agent, Registere	d Office & Projectored Agent's Signature	
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature: 👱 🗀	
The name and the Florida street address of the	registered agent are:	
William J. Rea, Jr.	<b>3</b>	
Name	3	
100 South Bridge Lane, Unit	213	
Florida street ac	ddress (P.O. Box NOT acceptable)	
Santa Rosa Beach, FL 32459 Fr		
City, State,	and Zip	
University have remind as varietaned asset and to	and and according of any come for the above stand living I	
	accept service of process for the above stated limited this certificate, I hereby accept the appointment as	
registered agent and agree to act in this canaci	ity_I further agree to comply with the provisions of all	
statutes relating to the proper and complete p	performance of my duties, and I am familiar with and	
	stered agent as provided for in Chapter 608, F.S	
David di Mari	3- C:4	
Registered Agent	s Signature	

Page 1 of 2

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manage "MGRM" = Manage		Name and Address:
MGR	_	William J. Rea. Jr
MGR		Deborah McKnight  2002 Summit Blvd. Ste. 1000  Atlanta. GA 30319
(Use attachment i	<i>v.</i>	FILE FILE REPRESSE
REQUIRED SIG		added if an effective date is requested.
	(In accordance with section	an authorized representative of a member.  508.408(5), Florida Statutes, the execution an affirmation under the penalties of perjury in are true.)
Filing Food	William J. Rea, Jr.  Typed	or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)