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## Florida Department of State

Division of Corporations
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To: Division of Corporations

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Account Name
O Account Number
O Phone

: BASKIN & FLEECE, P.A.

Account Number : I20020000047 Phone : (727)572-4545 Fax Number : (727)572-4646

LIMITED LIABILITY COMPANY

Management Company, L.L.C.

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### BRITANNIA MANAGEMENT COMPANY, L.L.C.

#### ARTICLE II - Address:

Allis HR J H 9: 37 The mailing address and street address of the principal office of the Limited Liability Company is

> P.O. BOX 868 LARGO, FL 33770

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

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

### Kevin M. Collver

Name

#### 13577 FEATHER SOUND DRIVE, SUITE 550

Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33762

City, 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 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.

(An additional article must be added if an effective date is requested)

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.)

KEVIN M. COLLVER