

**L050000 35162**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : MYRA LOUGHRAN  
Account Number : I19990000238  
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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

4317 University Boulevard, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR 11 AM 8:32

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

4317 University Boulevard, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**21 Bermuda RunwaySt. Augustine, Florida 32080**Mailing Address:**6319 Short Wheel WayColumbia, MD 21045**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert M. Worgan

Name

21 Bermuda RunwayFlorida street address (P.O. Box **NOT** acceptable)St. AugustineFLORIDA 32080

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, Florida Statutes..*

  
Registered Agent's Signature

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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:**

MGRM

Robert Ellis

(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Robert Ellis

Typed or printed name of signer

**Filing Fees:**

\$108.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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