MAY-04-2005 11:32 17 Division of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H05000113933 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations - (850)205-0383 Fax Number From: : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO Account Name Actount Number : 120010000078 Phone Tax Number (407)843-8880 Ξ. : (407)244-5690 CORPORT RECEINEL Hd 05 MAY -14 UNISION OF C LIMITED LIABILITY COMPANY Castle Irwin, LLC 1 Certificate of Status 0 Certified Copy 1 ي Page Count 01 F Estimated Charge \$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE | - Name:

The name of the Limited Liability Company is: Castle Irwin, LLC.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 390 North Orange Avenue, Suite 2600, Orlando, Florida 32801.

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

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

Grant I. McMurry 390 North Orange Avenue, Suite 2600 Orlando, Florida 32801

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.

Redistered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liebility Company is to be managed by its Manager and is, therefore, a manager - managed limited liability company.

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

of a member of an authorized representative of a member. Signat

(In accordance with section 608\008(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

> Grant I. McMurry, Manager Typed or printed name of signes

FILING FEES: \$100.00 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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