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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
VILLAS OF SILVER SPRINGS, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION  
OF VILLAS OF SILVER SPRINGS, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is **Villas of Silver Springs, LLC.**

**ARTICLE II**

**ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **1200 West 49<sup>th</sup> Street, Hialeah, Florida 33012.**

**ARTICLE III**

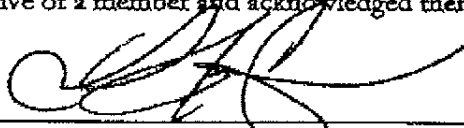
**REGISTERED AGENT AND REGISTERED OFFICE**

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

**Eduardo R. Arista, Esq.  
515 Gables International Plaza  
2655 South Le Jeune Road  
Coral Gables, Florida 33134**

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 20<sup>th</sup> day of May, 2005.



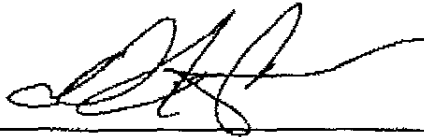
\_\_\_\_\_  
Eduardo R. Arista, Esq., Authorized Representative of a Member

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for Villas of Silver Springs, LLC at the place designated in Article III above. 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 under Chapter 608, Florida Statutes.



Eduardo R. Arista, Esq., Registered Agent

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