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To:

Division of Corporations

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count Name

: AKERMAN SENTERFITT & EIDSON

Account Number : 076656002425

: (407)843-7860

Number

: (407)843-6610

LIMITED LIABILITY COMPANY

LIBERTY LUCIEN WAY, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY LIBERTY LUCIEN WAY, LLC

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SECRE IARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is: Liberty Lucien Way, LLC

ARTICLE II - Address

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

310 West Central Parkway, Suite 7000 Altamonte Springs, Florida 32714

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members.

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

W. Michael Mikkelson 310 West Central Parkway, Suite 7000 Altamonte Springs, Florida 32714

June 22, 2

Name: W. Michael Mikkelson

Title: Sole 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.)

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REGISTERED AGENT ACCEPTANCE

FILED

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 22 A 10: 13 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 E. FLORIDA 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..

By: 1- m / fame / paragress.

Name: W. Michael Mikkelson