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| (Requestor's Name) (Address) (Address) | 400056653084 |
| (City/State/Zip/Phone #) | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
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CORPORATION SERVICE COMPANY ACCOUNT NO. : 07210000032 REFERENCE : 478115 81011A AUTHORIZATION : COST LIMIT : \$ 155.00 ORDER DATE : July 12, 2005 ORDER TIME : 11:37 AM ORDER NO. : 478115-005 CUSTOMER NO: 81011A CUSTOMER: Nicole Lodato Holcomb & Mayts, P.a. 201 N. Armenia Ave. Tampa, FL 33609 _ _ _ _ _ _ _ _ _ _ _ _ _ DOMESTIC FILING NAME : ALACHUA APARTMENTS, LLC EFFECTIVE DATE: JULY 5, 2005

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949 EXAMINER'S INITIALS: 5 TUE 10:09 FAX

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The mailing address and street address of the principal office of the Limited Liability Company is: 5405 Cypress Center Drive, Suite 320, Tampa, Florida 33609.

ARTICLE III EFFECTIVE DATE

The Limited Liability Company shall be effective as of July 5, 2005.

ARTICLE IV REGISTERED AGENT, REGISTERED OFFICE, <u>AND RESIDENT AGENT'S SIGNATURE</u>

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 201 N. Armenia Ave., Tampa, Florida, 33609.

Having been named as registered agent and to accept service of process for the above-named 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 provision 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.

Victor W. Holcomb, Esquire

IN WITNESS WHEREOF, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Victor W. Holcomb, Esquire