

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,

(((H050001698173)))

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
 Fax Number : (850)205-0383

From:
 Account Number : MCGUIRE WOODS LLP
 Account Number : 071.075000166
 Phone : (904)798-3200
 Fax Number : (904)798-3207

EFUT SIGNATURE OF SIGNA

LIMITED LIABILITY COMPANY

VCP-Mayport Basin, LLC

Curtificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing

Public Access Help

)M

H05000169817

ARTICLES OF ORGANIZATION FOR VCP-MAYPORT BASIN, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

VCP-MAYPORT BASIN, LLC

ARTICLE II - ADDRESS

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

3020 Hartley Road, Suite 300 Jacksonville, FL 32257

ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE

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

Mark T. Furrell 3020 Hartley Road, Suite 300 Jacksonville, FL 32257 14 AM 10: 19
ASSEE FLORIDI

Mark T. Farrell

Authorized Representative of Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

H05000169817

NCOR\434391.1

H05000169817

CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT OF VCP-MAYPORT BASIN, LLC

Pursuant to Section 60S.A15 of the Florida Limited Liability Company Act, the undersigned, having been designated as the initial Registered Agent for the service of process within the state of Florida upon VCP-MAYPORT BASIN, LLC, a limited liability company organized under the laws of the state of Florida, hereby accepts the appointment as such Registered Agent for the above-named limited liability company and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as Registered Agent as provided for in the Florida Limited Liability Company Act and the general laws of the state of Florida relative to keeping open the Registered Office, which Registered Office is located at 3020 Hartley Road, Suite 300, Jacksonville, Florida 32257.

IN WITNESS WIEREOF, the undersigned has executed this Certificate in lacksontille,

Duval County, Florida on this / day of July, 2005.

Mark T. Farrell, Registered Agent