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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : ROYALE MANAGEMENT SERVICES, INC.  
Account Number : 075136002300  
Phone : (954) 563-1269  
Fax Number : (954) 563-2153

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Rose 18 LLC**

**AL**

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I**

The name of the Limited Liability Company is: **Rose 18 LLC**

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**ARTICLE II**

The mailing address and street address of the principal office of the Limited Liability Company is: 500 South Highland St, Mt. Dora, FL 32757

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TALLAHASSEE, FLORIDA

**ARTICLE III**

The name and the Florida street address of the registered agent is: Royale Management Services, Inc., 2319 N Andrews Avenue, Fort Lauderdale, FL 33311

*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.*

Registered Agent's Signature

Date

**Article IV**

The Limited Liability Company is to be managed by one manager and is, therefore, a manager-managed company. The initial manager for the Limited Liability Company shall be Manuel R. Middleton.

Signature of a member or an authorized representative of a member.

Date

(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.)

Manuel R. Middleton, Managing Member

Typed or printed name of signee

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