

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From: **Vera Torres**
Account Name : LOWNDES, BROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

Please arrange filing of the attached Articles of Organization and return a certification to me as soon as possible. Thank you for your assistance.

LIMITED LIABILITY COMPANY
REMORA OCALA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
REMORA OCALA, LLC**

ARTICLE I - NAME

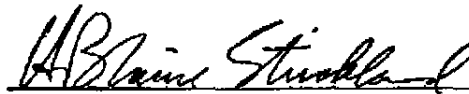
The name of this limited liability company is REMORA OCALA, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 605 E. Robinson Street, Suite 420, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 605 E. Robinson Street, Suite 420, Orlando, Florida 32801 and the name of the initial registered agent on the Company at that address is H. Blaine Strickland.



H. Blaine Strickland, Member or Authorized
Representative of a Member

FILED
JUL 27 AM 9:19
CLERK OF DISTRICT COURT
FLORIDA

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



H. Blaine Strickland

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