

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880

Fax Number

: (407)244-5690

LIMITED LIABILITY COMPANY

Good PSR - 192 I, LLC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Good PSR - 192 I, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 174 West Comstock Avenue, Suite 114, Winter Park, Florida 32789.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

James Balletta GrayRobinson, P.A. 301 E. Pine Street, Suite 1400 Orlando, FL 32801

Having been named as registered agent and to accept service of process for the above stated limited flability 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.

Article IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Good Capital Ventures, LLC, MGRM

174 West Comstock Avenue, Suite

Winter Park, FL 32789

Fordham Partners, LLC, MGRM

2913 Lake Pineloch Bivd.

Orlando, FL 32806

Signature of a men authorized representative of a member.

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

> JAMES BALLETTA Typed or printed name of signee