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## To:

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

From: **GAIL S ANDRE**

Account Name : LOWMEDES, BROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4500  
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 IN THIS MATTER.**

## LIMITED LIABILITY COMPANY

## SKYLINE MARKETPLACE GULF BREEZE, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
SKYLINE MARKETPLACE GULF BREEZE, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is SKYLINE MARKETPLACE GULF BREEZE, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

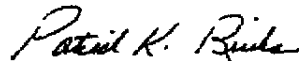
The mailing address and street address of the principal office of the Company is 3525 Piedmont Road, Bldg. 6 - Suite 210, Atlanta, Georgia 30305.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Patrick K. Rinka.

**ARTICLE IV - MANAGEMENT**

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.




\_\_\_\_\_  
Signature of a Member or an Authorized  
Representative of a Member

Patrick K. Rinka

\_\_\_\_\_  
Typed or Printed Name of Signer

**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.



\_\_\_\_\_  
Patrick K. Rinka

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