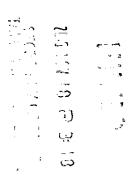
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## COVÉR LETTER

Division of Corp			
SUBJECT: F	IP VN, LLC	Liability Company)	
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
Patric	K Es Law	lame of Person)	
		vanie of Ferson)	
	0	Firm/Company)	
615 0	uscent Ex	(Address)	te. 120
_ lak	e Many Fl	32746 State and Zip Code)	
	(City)	State and Zip Code)	
For further information co	oncerning this matter, please	call:	
Katie B	nes/ou	at ( <u>401)</u> <u>333-</u> (Area Code & Daytime Te	3233 V
(, umas c		(**************************************	
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	\$160,00 Filing, Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation	*** <b>***</b>
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC." or "L.C")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Cols Crescent Exec. Ct. Suite 120 Lake Many 192 32746	615 Gescont Exec. Ct. Sinte 120 Lake Many PL 3274C
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	-
Saint-Laur Name	ent Properties, LLC
190 Legion Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Willer Park City, State,	- FL 32189 33 33 33 33 33 33 33 33 33 33 33 33 33
liability company at the place designated in	accept service of process for the above stated <u>limi</u> ted this certificate, I hereby accept the appointment as y. I further agree to comply with the p <u>ro</u> visions of all
	y. Thurther agree to comply with the provisions of all erformance of my duties, and I am familiar with and
accept the obligations of my position as reg	stered agent as provided for in Chapter 608, F.S
	-1 1 8
Registered Agent's Signa	ture (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an 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 perjury that the facts stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)