

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : AKERMAN SENTERFITT & EIDSON  
Account Number : 076656002425  
Phone : (407) 843-7860  
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ANDALUSIA CHASE, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY

ARTICLE I - Name

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

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is:

1815 South Summerlin Avenue  
Orlando, Florida 32806

ARTICLE III - Existence and Duration

The Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual unless sooner dissolve by law.

ARTICLE IV - Management

The Company is to be managed by one or more members and is therefore a member-managed company. The Managing Member is:

Martha Anderson Hartley  
1815 South Summerlin Avenue  
Orlando, Florida 32806

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Company is:

Peter Lawrie  
1815 South Summerlin Avenue  
Orlando, Florida 32806

11-26-05  
(Date)

By: Martha Anderson Hartley

Martha Anderson Hartley, Managing  
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.)

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#### REGISTERED AGENT ACCEPTANCE

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.

PETER LAWRIE, Registered Agent

By: \_\_\_\_\_

Peter Lawrie

11/28/05  
(Date)

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