# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: DORAN, WOLFE, ROST & ANSAY

Phone

Account Number : I20010000203 : (386)253-1111

Fax Number

(386)253-4260

## IMITED LIABILITY COMPANY

### Oakwood Cove, LLC

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#### ARTICLES OF ORGANIZATION OF OAKWOOD COVE, LLC

The undersigned, pursuant to Section 608.407, Fla. Stat. (2005), files the following Articles of Organization of OAKWOOD COVE, LLC, and states as follows:

#### ARTICLE I

The name of the limited liability company shall be OAKWOOD COVE, LLC.

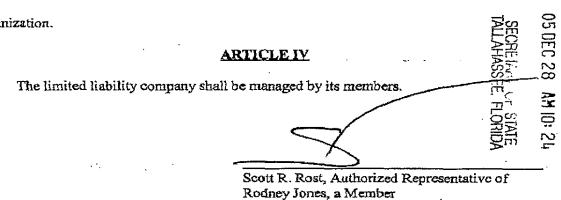
#### **ARTICLE II**

The mailing address of the principal office of the limited liability company shall be Post Office Box 290131, Port Orange, Florida 32129. The street address of the principal office of the limited liability company shall be 1731 Fern Palm Drive, Edgewater, Florida 32132.

#### ARTICLE III

The name of the initial registered agent for service of process of the limited liability company is Scott R. Rost. The street address of the initial registered agent's office for service of process of the limited liability company is 444 Seabreeze Boulevard, Suite 800, Daytona Beach, Florida, 32118.

A written statement required by Section 608.415, Fla. Stat. (2005) accompanies these Articles of Organization.



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# OAKWOOD COVE, LLC

Thereby accept my designation as registered agent and agree to serve as the registered agent of OAKWOOD COVE, LLC. I hereby state that I am familiar with and accept the duties and responsibilities as registered agent for OAKWOOD COVE, LLC.

Scott R. Rost, Registered Agent