

L06 000010725

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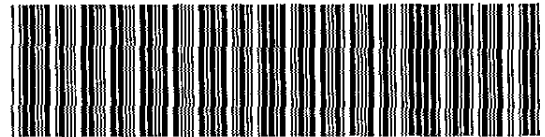
(Business Entity Name)

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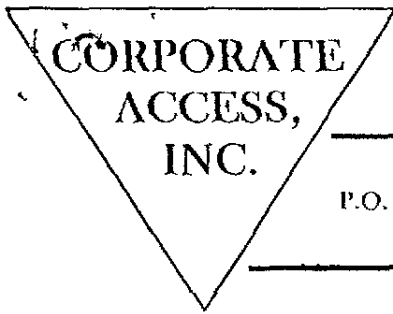
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LLC

1. Harkins Family Partnership I, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

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.

ARTICLE I - NAME

The name of this Limited Liability Company shall be "HARKINS FAMILY PARTNERSHIP 1, LLC."

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 3525 W. Lake Mary Blvd., Ste. 306, Lake Mary, Florida 32746-3461.

ARTICLE III - MANAGEMENT

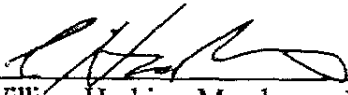
The Limited Liability Company is to be managed by

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent is C. William Harkins, 3525 W. Lake Mary Blvd., Ste. 306, Lake Mary, Florida 32746-3461. 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, F.S.

Dated this 26 day of January, 2006.


C. William Harkins, Member and
Registered Agent

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this 26 day of January, 2006, by C. WILLIAM HARKINS. Said person did not take an oath and (check one) ☐ is personally known to me, or ☐ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.

MARIA N. CLARK
Notary Public, State of Florida
My comm. exp. Dec. 9, 2008
Comm. No. DD 372041

Maria N. Clark
Print Name: MARIA N. CLARK
Notary Public, State of
My Commission Expires: 12-9-08
Commission Number: DD 372041

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