

Florida Department of State

Division of Corporations

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

From: **GAIL S. ANDRE'**
Account Name : LOWMEES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
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.

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06 MAR 14 AM 11:22

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HIDDEN LIFE, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
HIDDEN LIFE, LLC**

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 2358
Riverside Avenue #801, Jacksonville, Florida 32204.

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
address is James F. Heckin, Jr..



Signature of a Member or an Authorized
Representative of a Member

James F. Heckin, Jr.

Typed or Printed Name of Signer

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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.



James F. Heckin, Jr.