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JOHNSON ZIPPAY WALTERS

PAGE 01/02

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Page 1 of 1

Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : JOHNSON, ZIPPAY & WALTERS P.A.

Account Number : 073737003060

Phone : (954) 755-9880

Fax Number : (954) 755-9899

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Orchid Cove, LLC

Certificate of Status	0
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H06000165322 3

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**ARTICLES OF ORGANIZATION JUN 23 A 11:07
OF**

ORCHID COVE, LLC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is: ORCHID COVE, LLC.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 2660 N.W. 15th Court, Suite 104, Pompano Beach, FL 33069.

**ARTICLE III - Registered Agent, Registered Office &
Registered Agent's Signature**

The name and the Florida street address of the registered agent is:

Catherine W. Zippay
JOHNSON, ZIPPAY & WALTERS P.A.
1401 N. University Drive, Suite 301
Coral Springs, FL 33071

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.


Catherine W. Zippay, Registered Agent

ARTICLE IV - Managing Member

Title:

"MGRM" = Managing Member

Name and Address:

John Christensen
2660 N.W. 15th Court, Suite 104
Pompano Beach, FL 33069


John Christensen, Incorporator

(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.)

H06000165322 3