

15:5... 3726208884... GILLIGAN KING GOODING... 01/02  
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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0393

From:  
Account Name : GILLIGAN, KING & GOODING, P.A.  
Account Number : I20010000016  
Phone : (352)867-7707  
Fax Number : (352)867-0237

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DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

NW 44th Avenue Partners, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: NW 44th Avenue Partners, LLC

ARTICLE II - Address

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

4260 NE 35th Street  
Ocala, Florida 34479

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

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

Name: Harvey Vandeven  
Florida street address: 4260 NE 35th Street  
City, State, and Zip: Ocala, Florida 34479

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.

*Harvey Vandeven*  
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Harvey Vandeven*  
Signature of a member or an authorized representative of a 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.)

Harvey Vandeven as member  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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