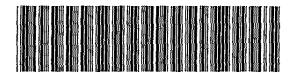
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| (Requestor's Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only





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COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | |
|------------------------------|---|---|--|
| SUBJECT: LIVE O | AKS PROPERTY GR | OUP, LLC | |
| | (Name of Limited | i Liability Company) | |
| The enclosed Articles of | Organization and fee(s) are st | abmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| DANIEL J. | | | |
| | 0 | Name of Person) | |
| DE BEAUB | | ONS, MANTZARIS | & NEAL, LLP |
| | (| Firm/Company) | |
| 332 NORT | H MAGNOLIA AVI | ENUE | |
| | | (Address) | |
| ORLANDO |), FLORIDA 3280 | 1 | |
| | (City) | State and Zip Code) | |
| For further information of | concerning this matter, please | call: | |
| DANIEL J. O'MALLEY | | at (407) 422-245- (Area Code & Daytime Te | 4 |
| (Name | of Person) | (Area Code & Daytime Te | elephone Number) |
| Enclosed is a check fo | r the following amount: | | |
| I \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limite | d Liability Company | y is: | |
|-------------------------------|-----------------------------|--|-----------|
| | | | |
| LIVE OAKS PROPERT | | | |
| (Must end with the words "Lim | iited Liability Company, "I | Limited Company" or their abbreviation "LLC," or "L.C.,") | |
| ARTICLE II - Addres | ss: | | |
| | | ne principal office of the Limited Liability Co | mpany is: |
| Principal Office Addr | ess: | Mailing Address: | |
| 332 NORTH MAGNOLIA AV | /ENUE | P.O. BOX 87 | |
| ORLANDO, FLORIDA 3280 | 1 | ORLANDO, FLORIDA 32802-0087 | _ |
| | | | |
| | | the registered agent are: | |
| | N | lame -1.6 | _ |
| 332 | NORTH MAGNOL | IA AVENUE | တ် . 1 |
| _ | Florida stree | et address (P.O. Box NOT acceptable) | 四四 |
| ORI | LANDO | FL 32801 | 3 |
| | City, St | tate, and Zip | ₹ U |
| liability company at | t the place designated | d to accept service of process for the above sta d in this certificate, I hereby accept the appoint | ment as |
| statutes relating to th | e proper and comple | pacity. I further agree to comply with the provi te performance of my duties, and I am familiar registered agent as provided for in Chapter 60 | with and |

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: | |
|--|---|---------------------|
| "MGR" = Mana; | ager anaging Member | |
| "IVIGROM" = IVIAI | inaging internoer | |
| MGRM | BILL PARKER _ | |
| | P.O. BOX 950028 | · · · · |
| | LAKE MARY, FLORIDA 32795 | |
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| LE V: Effective fective date is list days after the d | isted, the date must be specific and cannot be more than five but date of filing.) IGNATURE: 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 | OPTION siness da |
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)