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(Re	questor's Name)
(Ad	dress)
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(Cit	ry/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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ACCOUNT	NO.	:	072100000032
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REFERENCE: 337256 7527475

AUTHORIZATION :

COST LIMIT : \$ (1/25,00

ORDER DATE: August 25, 2006

ORDER TIME : 4:53 PM

ORDER NO. : 337256-010

CUSTOMER NO: 7527475

DOMESTIC FILING

NAME: QUANTICO BUILDING F, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILII **ARTICLE I - Name:** The name of the Limited Liability Company is: Quantico Building F, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.," **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 1001 East Telecom Drive 1001 East Telecom Drive Boca Raton, Florida 33431 Boca Raton, Florida 33431 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee City, State, and Zip 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

(CONTINUED) Page 1 of 2

Rogistered Agent's Signature (REOUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Kimberly B. Moret
as its agent

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" = Manager "MGRM" = Managing Member	
MGR	Larry D. Silver
	1001 East Telecom Drive
	Boca Raton, Florida 33431
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
ICLE V: Effective date, if other than	n the date of filing: (OPTIONAL)
	ist be specific and cannot be more than five business days pric
90 days after the date of filing.)	•
•	
<u>REQUIRED</u> SIGNATURE:	
	Colon
Signature of a m	emper or an authorized representative of a member.
(In accordance w	ith section 608.408(3), Florida Statutes, the execution
of this document	constitutes an affirmation under the penalties of perjury ated herein are true.)
By: Jesse A. Ho	olshouser, CFO
<u></u>	Typed or printed name of signee

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)