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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SUFFICIENCY OF FILING

DIVISION THENT OF STATE 2006 OCT 12 MILES

06 OCT 12 AMII:

SECRETARY OF STATE DIVISION OF CORPORATION



ACCOUNT NO.: 072100000032

REFERENCE: 519734 7527475

AUTHORIZATION:

COST LIMIT: \$ 155.00

ORDER DATE: October 11, 2006

ORDER TIME: 5:08 PM

ORDER NO.: 519794-030

CUSTOMER NO: 7527475

DOMESTIC FILING

NAME: SHILOH CROSSING, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

	mited Liability Con	pany is:
Shiloh Crossing, LLC		
(Must end with the words	"Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Add The mailing address	•	of the principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
1001 East Telecom Dr.	ive	1001 East Telecom Drive
Boca Raton, Florida 3	3431	Boca Raton, Florida 33431
		egistered Office, & Registered Agent's Signature:
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its ctive Florida registration.)  lorida street addres	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its ctive Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liability Cobusiness entity with an action of the name and the F	mpany cannot serve as its ctive Florida registration.) Torida street addres Corporation Service Co	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: ompany Name
(The Limited Liability Conductors and the F	mpany cannot serve as its ctive Florida registration.) Torida street addres Corporation Service Co	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:

egistered agent and agree to act in this capacity. I further agree to comply with the provisions of al 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..

Corporation Service Company

Registered Agent's Signature (REQUIRED)

Kimberly B. Moret
as its agent

(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:

MGR/CEO	Larry D. Silver  1001 East Telecom Drive  Boca Raton, Florida 33431
MGR/P	B. Judson Honaker, Jr.
	1201 Central Park Blvd. Fredericksburg, VA 22401
Use attachment if necessary)	
LE V: Effective date, if other than the	he date of filing: (OPT) be specific and cannot be more than five busines

promite order

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.)

By: Jesse A. Holshouser, III, CFO, Authorized Representative

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)

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