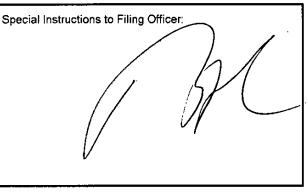
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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |



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OF OCT 13 PM 2: 40
SECRETARY OF STATE

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301

Walk-In

Will Pick Up

| (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222  Anchor - Miller's landing | LLC PARTY OF THE P |
|---|--|
| Signature  Requested by:  | Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File   |
| Name Date Time  | UCC 11 Search  |

UCC 11 Retrieval\_

Courier

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGA<br>FOR<br>FLORIDA LIMITED LIAB  | 25 8                                  |
|--|---------------------------------------|
| ARTICLE I - Name: The name of the Limited Liability Company is:  | Cho. L.                               |
| Anchor - Miller's Landing  | , LLC                                 |
| ARTICLE II - Address: The mailing address and street address of the principal                                | Ý                                     |
| Principal Office Address:  | Mailing Address:                      |
| 500 South Florida Avenue, Suite 700  | 500 South Florida Avenue, Suite 700   |
| Lakeland, FL 33801   | Lakeland, FL 33801                    |
| ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered. | · · · · · · · · · · · · · · · · · · · |
| Peter A. McFarlane Name PETER A. McFARLANE, P.A. 500 South Florida Avenue, Florida street address (P.O. Box  |                                       |
| Lakeland<br>City, State, and Zi  | FLORIDA 33801<br>P                    |

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, Florida Statutes...

Agent's Signature

Page 1 of 2 (CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s):

. The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address:  |
|--|--|
| MGRM   | Anchor Investment Corporation of Fla<br>500 South Florida Avenue, Suite 700<br>Lakeland, Florida 33801 |
| •  |  |
|  |  |
|  |  |
| (Use attachment if necessary)                          |  |
| NOTE: An additional article                            | must be added if an effective date is requested.   |
| REQUIRED SIGNATURE:                                    |  |
| Wille  | All  |

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.)

William D. Drost, Vice President of Manager
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)