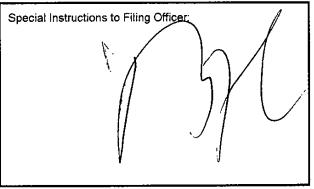
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SECRETARY OF STATE
AND ASSET TO BITA

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Anchor-Huntington Hills,	CC PALLAHASSEE, ELORION
The color	Art of Inc. File
Signature	Fictitious Owner Search Vehicle Search
/	Driving Record
Requested by: $10/13$ // 00	UCC 1 or 3 File
Name Date Time	UCC 11 Search

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Anchor - Huntington Hills, LLC					
ARTICLE I - Name: The name of the Limited Liability Company is:					
Anchor - Huntington Hill	s, LLC				
ARTICLE II - Address: The mailing address and street address of the prince	The state of the s				
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 O The name and the Florida street address of the region Peter A. McFarlane Name PETER A. McFARLANE, P. A 500 South Florida Avenu Florida street address (P.O. B	istered agent are: A. De, Suite 715				

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...

Registered 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	Name and Address:
"MGRM" = Managing Member	
MGRM	Anchor Investment Corporation of Fla 500 South Florida Avenue, Suite 700 Lakeland, Florida 33801
(Use attachment if necessary)	
NOTE: An additional article n	oust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Willen	d ar
Signature of a m	ember or an authorized representative of a member.
of this document	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
William D. I	Orost, 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)