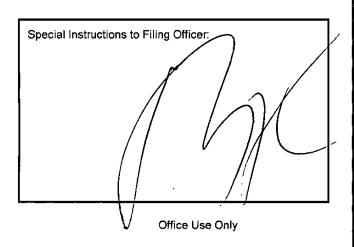
L0600100/09

| (Requestor's Name) | | |
|------------------------|------------------|-------------|
| (Ada | dress) | |
| | u.000) | |
| (Address) | | |
| (City | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |





100080437041

10/13/06--01015--021 **1860.00



OGOCT 13 PM 2: 38
SECRETARY OF STATE

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

Will Pick IIn

| Anchor-Oak Plaza, LLC | OF OCT 13 PH 2:38 SECRETARY OF STATE A TALLAMASSEE, FLORIDA |
|--|---|
| Charles Coffee C | Art of Inc. File |
| Signature | Fictitious Owner Search Vehicle Search |
| | Driving Record |
| Requested by: | UCC 1 or 3 File |
| WC 10/13 /1:00 | UCC 11 Search |
| Name Date Time | UCC 11 Retrieval |

ARTICLES OF ORGANIZATION **FOR**

| ARTICLES OF ORGA FOR FLORIDA LIMITED LIABI | |
|--|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | FE CE STATE |
| Anchor - Oak Plaza, LLC | 7 |
| ARTICLE II - Address: The mailing address and street address of the principa | l office of the Limited Liability Company is: |
| 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, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Peter A. McFarlane Name PETER A. McFARLANE, P.A. 500 South Florida Avenue, Suite 715 Florida street address (P.O. Box NOT acceptable)

Lakeland FLORIDA 33801 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 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:

| "MGR" = Manager "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 must | be added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| 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)