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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 205-0383
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SHOPPERS AT VAN BURREN LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SHOPPES AT VAN BURREN LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

633 INGRAHAM AVENUE
HAINES CITY, FL 33844

Mailing Address:

633 INGRAHAM AVENUE
HAINES CITY, FL 33844

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

GEOFFREY SPENCER

Name

8 CANTERBURY DRIVE

Florida street address (P.O. Box **NOT** acceptable)

HAINES CITY, FL 33844

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, F.S..



(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GEOFFREY SPENCER
6 CANTERBURY DRIVE
HAINES CITY, FL 33844

MGRM

PATRICIA SPENCER
6 CANTERBURY DRIVE
HAINES CITY, FL 33844

MGRM

LES HALL
6 ROBYN LANE
HAINES CITY, FL 33844

MGRM

JAYNE HALL
6 ROBYN LANE
HAINES CITY, FL 33844

(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.)

JUSTIN T. REED, Organizer

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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