

Division of Corporations

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L07000041926

**Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Fountain Square Lakeland, LLC

Certificate of Status	1
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April 13, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MADELYNN J. HAUSEMAN

SUBJECT: FOUNTAIN SQUARE LAKE LAND, LLC
REF: W07000018148

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Agnes Lunt
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FAX Aud. #: H07000096355
Letter Number: 607A00024996

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Fountain Square Lakeland, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:402 11th Street North
Naples, FL 34102**Mailing Address:**P.O. Box 990460
Naples, FL 34116**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Barfield Bay Properties, Inc.

Name

402 11th Street NorthFlorida street address (P.O. Box **NOT** acceptable)NaplesFL 34102

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.

Burt A. Glass, Secretary
Registered Agent's Signature (REQUIRED)

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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:****MGR**

Barfield Bay Holdings, Inc.

402 11th Street North

Naples, FL 34102

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)****REQUIRED SIGNATURE:**

Beth A. Glas
 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.)

Beth A. Glas, Authorized officer Mgr.
 Typed or printed name of signer

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