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Division of Corporations

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GAIL S AMDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036

Phone

FAX Number : (407)843-4444
PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A
EXETTIFICATION/TO ME AS SOON AS POSSIBLE. THANK YOU.

ORIDA/FOREIGN LIMITED LIABILITY CO.

AND CERTIFICATE OF STATUS

APT 2, LLC

| Certificate of Status | . 1      |
|-----------------------|----------|
| Certified Copy        | 1        |
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# ARTICLES OF ORGANIZATION OF APT 2, LLC

#### **ARTICLE I - NAME**

The name of this limited liability company is APT 2, LLC (the "Company").

### ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 7232 West Sand Lake Road, Suite 201, Orlando, Florida 32819.

## ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 7232 West Sand Lake Road, Suite 201, Orlando, Florida 32819 and the name of the initial registered agent of the Company at that address is Vinod Arora.

#### ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a managermanaged company.

osesh W. Zitzka, Authorized Representative of a

### ACCEPTANCE OF REGISTERED AGENT

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.

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