

Division of Corporations  
**LD1000093509**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : LIBERTY INVESTMENT PROPERTIES INC  
Account Number : I20070000017  
Phone : (407) 774-8818  
Fax Number : (407) 774-6697

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LIBERTY VP ELLENTON, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of this limited liability company is **LIBERTY VP ELLENTON, LLC** (the "Company").

**ARTICLE II - Address**

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

2200 Lucien Way, Suite 410  
Maitland, Florida 32751

**ARTICLE III - Existence and Duration**

The Company shall commence its existence on the date that these Articles of Organization are filed with the Secretary of the State of Florida, and its duration shall be perpetual unless sooner dissolved by law.

**ARTICLE IV - Management**

The Company is a member managed Company.

**ARTICLE V - Registered Agent**

The name and street address of the initial registered agent of the Company is:

Wm. Michael Mikkelson  
2200 Lucien Way, Suite 410  
Maitland, Florida 32751

Dated: September 12, 2007.

Wm. Michael Mikkelson  
Wm. Michael Mikkelson,  
Authorized Representative

(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.)

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**REGISTERED AGENT ACCEPTANCE**

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.

**WM. MICHAEL MIKKELSON, Registered Agent**

By: *Wm. Michael Mikkelson* Dated: September 12, 2007.  
**Wm. Michael Mikkelson**

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