Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6383

Account Name : ROBERTS, SEWARD & COMPANY PA

Account Number : 120040000178 Phone : (813)225-1040 Fax Number : (813)221-3135 : (813)221-3135

PAGE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

IMPACT PROPERTIES XII, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

article [-]	Маше:
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The name of the Limited Liability Company is:

IMPACT PROPERTIES XII, 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:

Mailing Address:

4675 SALISBURY ROAD

JACKSONVILLE, FL \$2258

4676 SALISBURY ROAD JACKSONVILLE, FL 32256

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as in own Registered Agent. You must designate an individual or snother business andly with an active Florida registeration.)

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

KISH KANJI

Name

4675 SALISBURY ROAD

Ploride prece address (P.O. Box NOT acceptable)

JACKSONVILLE

PL 32255

City, State, and Zip

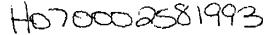
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to out in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my diales, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S..

Registered Ament's Signature (REOLIRED

(CONTINUED)
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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:

Titles	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	KISH KANJI
	4675 SALISBURY ROAD JACKSONVILLE, FL 32256
	JACKSONVILLE, FL 32200
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<u> </u>	
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing:, (OPTIONAL) s specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	
	1 = 2
*	
Signature of a membe	or an authorized representative of a member.
(In apportance with an of this dominant const that the facts stated b	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury berein are true.)
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Filing Fest:	ped or prince name of signal CC 7 Selection and Designation.
	minution and Designation.
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\$ 30.00 Certified Capy (Optional)	
\$ 5.00 Cordificate of Status (Optional	%. .

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