

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600

Fax Number : (813)229-1660

IN FEB 22 A 10: 04
SECRETARY OF STATE
LLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### 100 SOUTH ASHLEY, LLC

RECEIVED

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**EXAMINER** 

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#### ARTICLES OF ORGANIZATION 100 SOUTH ASHLEY, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is 100 SOUTH ASHLEY, LLC.

#### ARTICLE II - Address:

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

9331 Adamo Drive, #200 Tampa, FL 33619

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 22nd day of February, 2008.

Signature of an authorized representative of a member.

(In accordance with section 608.408(3). Florida Statutes, the executions of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gregory C. Yadley
Typed or printed name of signee

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is 100 SOUTH ASHLEY, LLC.
- 2. The name and the Florida street address of the registered agent are:

Gregory C. Yadley 101 E. Kennedy Blvd., Suite 2800 Tampa, FL 33602

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.

SECRETARY OF STATE