

L08000036275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

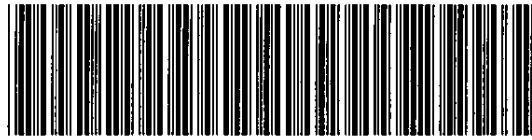
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2008 APR -8 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION OF
1540 NW 53rd Ave., LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — NAME

The name of the Limited Liability Company is 1540 NW 53rd Ave., LLC.

ARTICLE II — ADDRESS

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

Street Address: 4710 SW 103rd Way
Gainesville, Florida 32068

Mailing Address: 4710 SW 103rd Way
Gainesville, Florida 32608

ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE

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

Registered Agent Charles W. Littell
4041 NW 37th Place - Suite B
Gainesville, Florida 32606

Registered Office: 4041 NW 37th Place - Suite B
Gainesville, Florida 32606

ARTICLE IV — MANAGING MEMBER

The name and address of the managing member is:

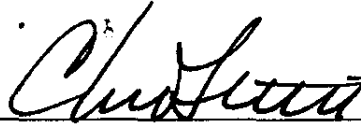
Monika G. Kirkpatrick 4710 SW 103rd Way
Gainesville, Florida 32608

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 3rd day of April, 2008.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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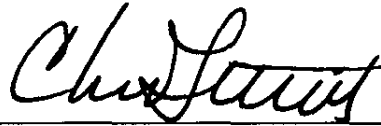


SIGNATURE OF AUTHORIZED REPRESENTATIVE

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

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.



SIGNATURE OF REGISTERED AGENT

TYPED OR PRINTED NAME: Charles W. Littell

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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