# Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6383

From: GAIL S. ANDRE'

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

Account Number : 072720000036 Phone : (407)843-4600

FAX Number : (407)843-4444
PLEASE ARRANGE FILIEC OF THE ATTACHED ARTICLES OF ORCANIZATION AND RETURN
A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE

IN THIS MATTER.

# FLORIDA/FOREIGN LIMITED LIABILITY CO

FIRST TEAM LUCERNE, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 01       |
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# ARTICLES OF ORGANIZATION OF FIRST TEAM LUCERNE, LLC

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

The name of this limited liability company is First Team Lucerne, LLC (the "Company").

## ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 1089 W. Morse Boulevard, Suite D, Winter Park, Florida 32789.

#### ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is James J. Hoctor.

### ARTICLE IV - MANAGEMENT

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

> James J. Hoctor, Member or Authorized Representative of a Member

## 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.

ames J.

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