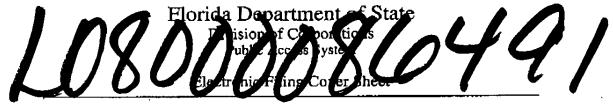
Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HILL WARD HENDERSON

Account Number : 072100000520 Phone : (813)221~3900 Fax Number : (813)221-2900 SECRETARY OF STATE
JALLAHASSEE. FLORIDA

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

Three Sisters Springs Holding Three, LLC

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Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

D. BRUCE

SEP 1 2 2008

**EXAMINER** 

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Help

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# ARTICLES OF ORGANIZATION OF

#### THREE SISTERS SPRINGS HOLDING THREE, LLC

The undersigned executes these Articles of Organization of Three Sisters Springs Holding Three, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

#### **ARTICLE I. NAME**

The name of the limited liability company is: Three Sisters Springs Holding Three, LLC (the "Company").

#### ARTICLE II. ADDRESS

The mailing and street address of the principal office of the Company is 3225 S. MacDill Avenue, Suite 129-317, Tampa, Florida 33629.

#### ARTICLE III, REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the Company is 101 E. Kennedy Boulevard, Suite 3700, Tampa, Florida 33602, and the name of the Company's initial registered agent at that address is R. James Robbins, Jr.

#### ARTICLE IV. MANAGEMENT OF COMPANY

The Company is manager-managed.

### ARTICLE V. DURATION AND CONTINUATION

The period of the Company's duration shall commence with the filing of these Afticles of Organization with the Secretary of State, and shall continue perpetually, unless the in accordance with the Company's Operating Agreement.

#### ARTICLE VI. PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States of America and the State of Florida.

EXECUTED: September /v, 2008

R. James Robbins Jr.

Authorized Representative of Member

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## ACCEPTANCE OF REGISTERED AGENT

Having been named 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.

R. James Robbins

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SECRETARY OF STATE