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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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B. KOHR
SEP 15 998
EXAMINER





ACCOUNT NO. : 07210000032
REFERENCE: 722046 7448543
AUTHORIZATION: Spellelena
COST LIMIT : \$ 125.00
ORDER DATE : September 15, 2008  ORDER TIME : 12:38 PM  ORDER NO. : 722046-050
ORDER TIME: 12:38 PM
ORDER NO. : 722046-050
CUSTOMER NO: 7448543
DOMESTIC FILING  NAME: PECAN RR PARK I, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight - EXT. 2956
EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Pecan RR Park I, LLC	
(Must end with the words "Limited Liability Company, "Limited Company" or t	heir abbreviation "LLC," or "L.C

## Principal Office Address:

ARTICLE II - Address:

#### Mailing Address:

8441 Cooper Creek Blvd	8441 Cooper Creek Blvd	
University Park, FL 34201	University Park, FL 34201	

The mailing address and street address of the principal office of the Limited Liability Comparison

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

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

David H. Baldanf	
	Name
8441 Cooper Creek Bly	d
Florida	street address (P.O. Box NOT acceptable)
University Park,	FL 34201
Ci	ty, 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 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, F.S..

By: A Registered Agent's Signature (REQUIRED)

(CONTINUED) Page Lof 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	ver
MGR	David H. Baldauf
-	8441 Cooper Creek Blvd
	University Park, FL 3-1201
***************************************	
	account of the second of the s
effective date is listed, the date 00 days after the date of filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
WA LAL	RIA
Signature of z	a member or an authorized representative of a member.
(In accordance of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are (tue.)
David H. Bal	·
	dauf, Manager
C-10-10000 BETT-1-000000 BOOMS BETT-10-10000	Idauf, Manager Typed or printed name of signee
Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)