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To:

Division of Corporations

Fax Number : (850)617-6383

Prom: Carrie L. Ramos, Paralegal please return confirmation by fax to 407 244555

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

: (407)843-8880 Phone

: (407) 244-5690 Fax Number

LORIDA/FOREIGN LIMITED LIABILITY CO.

Intram Prime TT, LLC

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTRAM PRIME TT, LLC

ARTICLE II - Address:

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

7932 W. SAND LAKE ROAD, SUITE 300 ORLANDO, FLORIDA 32819

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RANDALL R. HODGE 7932 W. SAND LAKE ROAD, SUITE 300 ORLANDO, FLORIDA 32819

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.

REGISTERED AGENT'S SIGNATURE

Article IV - Manager(s) or Managing Member(s):

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

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

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)

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