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To:

Division of Corporations

Fax Number : (850)617-6383

From:

D. Guerra

Account Name : AKERMAN SENTERFITT (FT. LAUDERDALE)

Account Number : 119980000010

Phone

: (954)463-2700 Fax Number : (954)463-2224

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sheryl.flynn@taxleaseconsultants.com

AM 10:

6-3300

FLORIDA LIMITED LIABILITY CO. TAX LEASE CONSULTANTS, LLC

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#### ARTICLES OF ORGANIZATION

OF

## TAX LEASE CONSULTANTS, LLC (a Florida limited liability company)

#### ARTICLE I NAME

The name of the limited liability company (the "Company") is: TAX LEASE CONSULTANTS, LLC

## ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Company are: 2741

1st Street, Unit 1903, Fort Myers, Florida 33916.

# ARTICLE III DURATION

The period of duration for the Company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

## ARTICLE IV INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Company's initial registered agent are: NRAI Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, FL 33331

[Signature on the following page]

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this <u>S</u> day of December, 2010.

Sheryl La lynn.

Member

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### CERTIFICATE OF ACCEPTANCE BY REGISTERED AGENT

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of TAX LEASE CONSULTANTS, LLC, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Acceptance this <a href="https://executed.ncbi.nlm.

NRAI Services, Inc.

Name: Katle Wonach

Title: Assistant Secretary

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