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FLORIDA LIMITED LIABILITY CO.

VESTORS GROUP OF CENTRAL FLORIDA NO. 4, LLC

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ARTICLES OF ORGANIZATION FOR INVESTORS GROUP OF CENTRAL FLORIDA NO. 4, LLC A Florida Limited Liability Company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I Name

The name of the company is Investors Group of Central Florida No. 4, LLC.

ARTICLE II Duration

The term of existence of the company shall be perpetual.

ARTICLE III Mailing and Street Address

The mailing and street address of the principal office of the company is 407 Avenue K, S.E., Wifiter Haven, FL 33880.

ARTICLE IV Registered Agent and Office

The name and street address of the initial registered agent for service of process in Florida are as follows: David M. Loewy, 407 Avenue K, S.E., Winter Haven, FL 33880.

ARTICLE V Management of Company

The company is to be a manager managed company.

ARTICLE VI Transferability of Member's Interest

An interest of a Member of this company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned has hereofee set his hard this 24th of March, 2011.

David M. Loewy, a Member of the Company

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STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.

David M. Line

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 24th day of March, 2011, by David M. Loewy, who is personally known to me or produced _______ as identification.

(SEAL)

Print Name of Notary

My Commission Expires:

PATSY L. KING
Commission # DD 920870
Expires October 19, 2013
Ronded Thru Tray Fair Insurance 600-206-7019

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