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FLORIDA LIMITED LIABILITY CO.

Downtown Projects I, LLC

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J. SAULSBERRY **EXAMINER**

AUG 11 2011

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ARTICLES OF ORGANIZATION FOR DOWNTOWN PROJECTS I, LLC

ARTICLE).

COMPANY'S NAME

The name of the Florida limited liability company is Downtown Projects L LLC (the "Company").

ARTICLE II.

COMPANY'S ADDRESS

The principal office of the Company is 436 S.E. 2nd Street, Gainesville, Florida 32601. The mailing address of the Company is 436 S.E. 2nd Street, Gainesville, Florida 32601.

ARTICLE III.

COMPANY'S REGISTERED AGENT AND REGISTERED OFFICE

The name of the Registered Agent is Adam Reinhard. The Registered Office is located at 702 N.W. 12th Avenue, Gainesville, Florida 32601.

ARTICLE IV.

COMPANY'S MANAGEMENT

Downtown Projects I, LLC is to be managed by one (I) or more Managers, and is, therefore, a Manager-managed limited liability company.

Adam Reinhard shall be the Manager. The Manager's business address is 436 S.E. 2nd Street, Gainesville, Florida 32601.

Effective as of August 7 2011, the Authorized Representative for the Company has executed these Articles of Organization at 436 S.E. 2rd Street, Gainesville, Florida 32601. In accordance with Florida Statutes vection 608.408(3), the execution of these Articles of Organization constitutes an affirmation under the penalties of perfory that the facts stated herein one true.

Downtown Projects L LLC:

By: Adam Reinhard

Title: Authorized Representative

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Florida Statutes section 608.415 or 608.507, the limited liability company named below auburits the following statement designating its Registered Office and Registered Agent in the State of Plorida:

- [1]. The name of the Florida limited Hability company is Downtown Projects I, LLC.
- (2). The name of the Registered Agent is Adam Reinhard. The Registered Office is located at 702 N.W. 12th Avenue. Gainesville, Florida 32601.

Having been named as Registered Agent and to accept service of process for the above-named 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 am familiar with and accept the obligations of my position as Registered Agent.

By: Adam Reinhard Title: Registered Agent

ECRETARY OF STA