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Division of Corporations

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To:

Division of Corporations

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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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FLORIDA LIMITED LIABILITY CO. IH FIRST COAST, LLC

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ARTICLES OF ORGANIZATION IH FIRST COAST, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is 1H FIRST COAST, LLC.

ARTICLE II - Address:

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

is:

6522 Gunn Highway Tampa, Florida 33625

ARTICLE III - Registered Agent and Registered Office:

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

Sara K. Flint 6522 Gunn Highway Tampa, Florida 33625 SECRETARY OF STATE TALL AHASSEE, FLORID

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 13th day of September, 2011.

Signature of a member or an authorized representative of a member.

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

Paul R. Lynch

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608,415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is IH FIRST COAST, LLC.
- 2. The name and the Florida street address of the registered agent are:

Sara K. Flint 6522 Gunn Highway Tampa, Florida 33625

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.

Signature