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ALL AHASSEE, FLORIDA

D. BRUCE

OCT 5 2011

EXAMINER

COVER LETTER

то:	Registration S Division of Co					
SUBJ	ECT: McCorv	ey Florida Holdings, L.L Name of Limite	C. ed Liability Com	 pany		
			, ,			
The en	closed Articles o	f Organization and fee(s) are	submitted for fili	ng.		
Please	return all correst	oondence concerning this matt	er to the followin	ng:		
				.0.		
	Steve M. Will	iard				
			Name of Person			
	The Williard L	₋aw Firm, L.P.				
			Firm/Company			
	4000 N. M.					
	1920 N. Mem	orial Way, Suite 207	Address	<u> </u>		
			. Idai ess		Ð.,	
	Houston, Tex				L C	
		Cit	y/State and Zip Co	de	AHA AHA	CT
	steve@williar	dlaw.com E-mail address: (to be used f	an future annual re	-out notification	SSE SSE	1
		·		port nourication)	H-13	E IT
For fur	ther information	concerning this matter, please	call:		107 11.S	更に
Steve	M. Williard		at (_713	,529-6300	ATE RID/	57
		of Person		de & Daytime Telep	ohone Number	
Enclo	sed is a check for	or the following amount:				
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Fili Certified C (additional co	_	\$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address ation Section n of Corporations Building xecutive Center C ssee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::	
McCorvey Florida Holdings, L.L.C. (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
3111 W. Dr. MLK Blvd., Suite 100-B180 Tampa, Florida 33607	3111 W. Dr. MLK Blvd., Suite 100-B180 Tampa, Florida 33607	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	OCT -
Northwest Registered Ag	ent LLC.	AS.
Name	•	RY SEE
3111 W. Dr. MLK Blvd., Florida street ac	STE 100-B180 ddress (P.O. Box <u>NOT</u> acceptable)	M脚57 OF STATE OF FLORIDA
Tampa	FL 33607	7 A
City, S	tate, and Zip	

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..

Dan Keen - Manager

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member MGR Anthony W. McCorvey, Sr. 8610 Wallisville Road Houston, Texas 77029 MGR Kristal McCorvey Crites 8610 Wallisville Road Houston, Texas 77029 (Use attachment if necessary) (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: offective date is listed, the date must be specific and cannot be more than five business days properties after the date of filing.) REQUIRED SIGNATURE 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 Safety that the facts stated herein are true.) Steve M. Williard, Authorized Representative of Anthony W. McCorvey, Sr., Member Typed or printed name of signee	11 1 A CO TO 11 1 1 4		Name and Address:
MGR Anthony W. McCorvey, Sr. 8610 Wallisville Road Houston, Texas 77029 (Use attachment if necessary) (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing:			
MGR Kristal McCorvey Crites 8610 Wallisville Road Houston, Texas 77029 (Use attachment if necessary) (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing:	"MGRM" = M:	inaging Member	
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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR		Kristal McCorvey Crites
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) Effective date is listed, the date must be specific and cannot be more than five business days produced to date of filing.) REQUIRED SIGNATURE (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.) Steve M. Williard, Authorized Representative of Anthony W. McCorvey, Sr., Member Typed or printed name of signee			
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)