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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON Account Name

Account Number : I20060000135 : (305)789-3200 Phone Fax Number : (305)789-3395

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

Email Address:

FLORIDA LIMITED LIABILITY CO. Vestcor Development XL, LLC

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COVER LETTER

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TO: Registration Section Division of Corporations

Division of Corporations
SUBJECT: Vestcor Development XL, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mimi Gross
Name of Person
Stearns Weaver Miller Weissler Alhadeff & Sitterson, P.A.
Firm/Company
150 W. Flagler Street, Suite 2200
Address
Miami, Florida 33130
City/State and Zip Code
mgross@stearnsweaver.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1 of Israel Morination concerning this matter, please can.
Mimi Gross 305 789-3443
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
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(additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

Rogistration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Vestcor Development XL, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
3020 Hartley Road, Suite 300
Jacksonville, FL 32257
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Terry M. Lovell, Esq.
Name
150 W. Flagler Street, Suite 2200
Florida street address (P.O. Box NOT acceptable)
Miami _{FL} 33130
City, State, 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.
Registered Agent's Signature (REQUIRED)

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