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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan FEB - 2 2012

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PINEWOOD COVE TWO, LLC

Signature _____

Requested by: SETH

02/01/12

Name

Date

Time

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____ Art of Inc. File _____
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____ Certificate of Fictitious Name _____
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ARTICLES OF ORGANIZATION FOR
PINEWOOD COVE TWO, LLC, a Florida limited liability company

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12 FEB -1 AM 8:45

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. The effective date for the formation of this limited liability company is January 30, 2012. STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of this limited liability company shall be "PINEWOOD COVE TWO, LLC"

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 551 W. Palm Valley Drive, Oviedo, Florida 32765.

ARTICLE III - Management

The Limited Liability Company is to be managed by one or more Managers, and is, therefore, a Manager managed company. The initial Manager is Harold Michel.

ARTICLE IV - Purpose

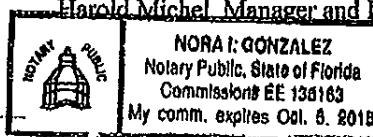
The purpose of this limited liability company is to invest and reinvest its capital for security, growth, income and any other investment and business purposes.

ARTICLE V

Registered Agent, Registered Office and Registered Agent's Signature

The name and Florida street address of the registered agent is HAROLD MICHEL, located at 551 W. Palm Valley Drive, Oviedo, Florida 32765. 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.

Dated this 30th day of January, 2012.



STATE OF FLORIDA
COUNTY OF Seminole

Harold Michel, Manager and Registered Agent

The foregoing Articles of Organization were acknowledged before me on 30 January, 2012, by HAROLD MICHEL. Said persons did not take an oath and (check one) ☐ are personally known to me or ☒ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.

Print Name: Nora I. Gonzalez
Notary Public
Commission Number: EE 136163
My Commission Expires: October 6, 2015