

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FOLEY & LARDNER  
Account Number : 072720000061  
Phone : (904) 359-2000  
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Email Address: JAdams@wscapital.com

FLORIDA LIMITED LIABILITY CO.  
FA NYC HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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J. SAULSBERRY  
EXAMINER

FEB 15 2012

Fax Audit No. H12000039585 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**The name of the Limited Liability Company is: **FA NYC HOLDINGS, LLC****ARTICLE II – Address:**The mailing address and street address of the principal office of the Limited Liability Company are:  
4306 Pablo Oaks Court, Jacksonville, Florida 32224**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

**F&L Corp.**

Name

**One Independent Drive, Suite 1300**Florida street address (P.O. Box NOT acceptable)**Jacksonville, FL 32202**

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 completed 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.*

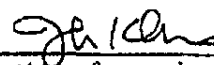
F&amp;L CORP.

By: 

Chauncey W. Lever, Jr.

Authorized Signatory

(An additional article must be added if an effective date is requested)

☒  
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.)

**John Adams, Authorized Representative of Member**

Typed or printed name of signee

**FILING FEES:****\$100.00 Filing Fee for Articles of Organization****\$25.00 Designation of Registered Agent****\$30.00 Certified Copy (OPTIONAL)****\$5.00 Certificate of Status (OPTIONAL)**

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