Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000078045 3)))



H120000760453ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663

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

Email Address:

RECEIVED 2 Mar 26 Pulz: 39 Eckelary of State 1 Abassef Flodia

FLORIDA LIMITED LIABILITY CO. FL MSCM, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED

12 FEB 26 AM 9: 15

SPACE LANGE PLANTE

Electronic Filing Menu

Corporate Filing Meng. MCLEOD

MAR 2 7 2012

EXAMINER

3/26/2012

H12000078045

ARTICLES OF ORGANIZATION OF FL MSCM, L.L.C.

These Articles of Organization are submitted for the purpose of forming a dimited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

ARTICLE I- NAME

The name of this limited liability company (the "Company") is FL MSCM, L.L.C.

ARTICLE II - ADDRESS

The address of the principal office and mailing address of this Company is 701 Ponte Vedra Boulevard, Ponte Vedra Beach, Florida 32082.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Company is 701 Ponte Vedra Boulevard, Ponte Vedra Beach, Florida 32082 and the name of its initial registered agent at such address is Wayne A. Novak.

ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

ARTICLE V - LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being the Sole Member of the Company, has executed these Articles of Organization this 22 day of March, 2012. 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.

Wayne A. Novak, Sole Member

H12000078045

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

I. The name of the limited liability company is:

FL MSCM, L.L.C.

2. The name and address of the registered agent and office are:

Wayne A. Novak 701 Ponte Vedra Boulevard Ponte Vedra Beach, Florida 32082

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.

Dated: March 32, 2012

Signature of Rogistered Agent

Wayne A. Novak

JAX\1633670_J