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J. SAULSBERRY EXAMINER APR 11 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ipark, 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:		
Charles Wimberly, Jr. Name of Person		
Century 21 Wimco Realty, Inc.		
Fírm/Company		
130 Mary Esther Blvd.	20	
Address CC	12 APR	
Mary Esther, Fl 32569		
City/State and Zip Code	-6	
charliew@century21wimco.com E-mail address: (to be used for future annual report notification)	五	3
For further information concerning this matter, please call:	8: 30	,
Charles Wimberly, Jr. at (850) 664-2100		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$ S125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)	\$ &	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
ipark, LLC.	<u></u>			
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited L	iability Con	npany	is:
Principal Office Address:	Mailing Address:			
130 Mary Esther Blvd. Mary Esther, FI 32569	130 Mary Esther Blvd. Mary Esther, FI 32569			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an indiv		r	
	gistored agent are.	CRE	2012 APR	77
Charles Wimberly, Jr. Name		IAF ASS	R -9	E-
130 Mary Esthe	r Blvd	RETARY OF STATE AHASSEE, ELORIO	9 AH	m
	ess (P.O. Box NOT acceptable)	10.1 41.S		1.00
Mary Esther,	_{FL} 32569	25 AT D	8 : 30	
City, State	e, and Zip	3>	_	
Having been named as registered agent and to ac	ccept service of process for the	above stated	d limite	ed

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 of registered agent as provided for in Chapter 608, F.S.

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Charles Wimberly, Jr. 130 Mary Esther Blvd. Mary Esther, Fl 32569		
MGRM	Robert Solley 130 Mary Esther Blvd Mary Esther, Fl 32569	2012 APR	-1
		TARY DE STATE	
(Use attachment if necessary)		(OPTIONAL)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)		(OPTIONAL) ive business days	
REQUIRED SIGNATURE:	or or an authorized representative of a mer	mher	
(In accordance with section 608 constitutes an affirmation under I am aware that any false inform	t.408(3), Florida Statutes, the execution of the the penalties of perjury that the facts stated mation submitted in a document to the Depart as provided for in s.817.155, F.S.)	is document herein are true.	
Charles Wimb	erly, Jr.	_	
Ту	ped or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)