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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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DIVISION OF CORPORATIONS

COVER LETTER

| то: | Registration Section Division of Corporations | | |
|----------|---|---|------------|
| SUBJI | ECT: H & C Smith Properties, LLC | | |
| | | mited Liability Company | |
| The en | closed Articles of Organization and fee(s) ar | are submitted for filing. | |
| Please | return all correspondence concerning this ma | year. | |
| | Kevin L. Johns, Esq. | Name of Person Firm/Company Address | |
| | | Name of Person | 32.1 CX |
| | Wyatt Tarrant & Combs, PLLC | 29 | |
| | | Firm/Company | - |
| | 250 West Main Street, Suite 1600 | | ? |
| | | Address | ~ |
| | Lexington, KY 40507 | | |
| | C | City/State and Zip Code | |
| | kjohns@wyattfirm.com | | |
| | E-mail address: (to be used | ed for future annual report notification) | - |
| For fur | ther information concerning this matter, plea | ase call: | |
| Cynt | thia K. White, Paralegal | at (859) 288-7626 | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| ar I | Acuin Johns (859) 288-7438 | | |
| Enclos | sed is a check for the following amount: | • | |
| \$125.00 | Filing Fee \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address Registration 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 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN ARTICLE I - Name: The name of the Limited Liability Company is: H & C Smith Properties, 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: Mailing Address: Principal Office Address: 8009 36th Street Circle East 8009 36th Street Circle East Sarasota, FL 34243 Sarasota, FL 34243 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: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32301 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

(CONTINUED)

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..

Signature (REQUIRED)

Kimberty B. Moret

Page 1 of 2

Corporation Service Company

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| 113 4 C D 11 3 4 | Name and Address: |
|--|---|
| "MGR" = Manager "MGRM" = Managing Me | mhar |
| Widness - Wianaging We | HIOCI |
| MGRM | Walter Haywood Smith |
| | 8009 36th Street Circle East |
| | Sarasota, FL 34243 |
| MGRM | Carol C. Smith |
| | 8009 36th Street Circle East |
| | Sarasota, FL 34243 |
| | No Others |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessar | mr.) |
| Cose attachment in necessar | (y) |
| | |
| CLE V: Effective date, if oth | er than the date of filing: N/A (OPTIONAL |
| CLE V: Effective date, if oth effective date is listed, the date | er than the date of filing: N/A . (OPTIONAL ate must be specific and cannot be more than five business days |
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| CLE V: Effective date, if oth effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm | er than the date of filing: N/A (OPTIONAL ate must be specific and cannot be more than five business days g.) E: of a member or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. |
| CLE V: Effective date, if oth effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm I am aware that any | er than the date of filing: N/A (OPTIONAL ate must be specific and cannot be more than five business days g.) E: of a member or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution of this document |
| CLE V: Effective date, if oth effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of | er than the date of filing: N/A (OPTIONAL ate must be specific and cannot be more than five business days g.) E: of a member or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. It is a false information submitted in a document to the Department of State |

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)