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.

(((H12000300744 3)))



H120003007443ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

م برج

Division of Corporations

Fax Number : (850)617-6383

From: GAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KA NTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600

Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU

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

Email:	Address			
THEFT	VOATABBBI			

FLORIDA LIMITED LIABILITY CO. HANOVER DODD ROAD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

2 DEC 26 PH 3: 31
ECRETARY OF STATE
LLAHASSEE, FLORI

DEC 26 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION OF HANOVER DODD ROAD, LLC

ARTICLE I - NAME

LOUC 26 PH 3:36 The name of this limited liability company is HANOVER DODD ROAD, LLC "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 911 Outer Road, Orlando, Florida 32814.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 911 Outer Road, Orlando, Florida 32814 and the name of the initial registered agent of the Company at that address is William S. Orosz, Jr.

ARTICLE IV - MANAGEMENT

The Company will be managed by one or more members and is, therefore, a membermanaged limited liability company.

> William S. Orosz, Jr., Member or Mithorized Representative of a Member

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.