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

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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Email Address: samlinsky1@gmail.com

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**FLORIDA LIMITED LIABILITY CO.
RFLP PALM LAKES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

JAN 29 2012

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**ARTICLES OF ORGANIZATION
OF
RFLP PALM LAKES, LLC**

ARTICLE I - Name:

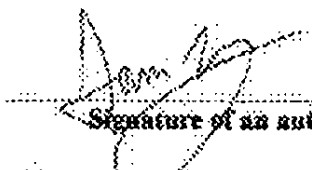
The name of the Limited Liability Company is RFLP PALM LAKES, LLC.

ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is:

503 West Platt Street
Tampa, FL 33606

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 25th day of January 2013.


Signature of an authorized representative of a member.

(In accordance with Section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Samuel R. Linsky
Typed or printed name of signer

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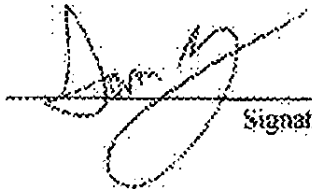
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **RFLP PALM LAKES, LLC.**
2. The name and the Florida street address of the registered agent are:

Samuel R. Linsky
503 West Platt Street
Tampa, FL 33606

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.



Signature

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