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SECRETARY OF STATE TALLAHASSEE, FLORID

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B. BOSTICK

SEP 0 6 2013

EXAMINER

CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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ARTICLES OF ORGANIZATION OF MARSHALL FAMILY PARTNERSHIP, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "MARSHALL FAMILY PARTNERSHIP, LLC."

ARTICLE II - Address:

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

Mailing Address

1121 Cypress Point West

Winter Haven, FL 33884

Street Address:

1121 Cypress Point West

Winter Haven, FL 33884

ARTICLE III — Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are:

RICKY RAY MARSHALL 1121 Cypress Point West Winter Haven, FL 33884

ARTICLE IV — Managing Member

Name	Address	Title ST
Ricky Ray Marshall	1121 Cypress Point West Winter Haven, FL 33884	Managing Member
Patricia Marshall	1121 Cypress Point West Winter Haven, FL 33884	Managing Member

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

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Signature of authorized representative

RICKY RAY MARSHALL

Typed or printed name of signee

(In accordance with Section 608.408(3), <u>Florida Statutes</u>, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with Section 608.408(3), <u>Florida Statutes</u>, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Signature of Registered Agent

Typed or printed name of signee

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