

L13000/51353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

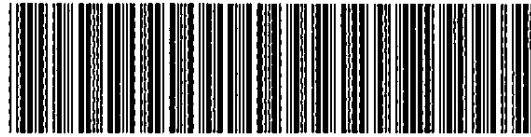
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT 28 2013

A. LUNT

Office Use Only



800252661748

RECEIVED
13 OCT 25 PM 1:56
DIVISION OF CORPORATIONS

FILED
2013 OCT 25 AM 11:00
CLERK OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 860154 4369500

AUTHORIZATION : *Spudde man*

COST LIMIT : \$ 125.00

ORDER DATE : October 25, 2013

ORDER TIME : 1:02 PM

ORDER NO. : 860154-005

CUSTOMER NO: 4369500

2013 OCT 25 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOMESTIC FILING

NAME: SP OF ARMENIA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
SP OF ARMENIA, LLC**

2013 OCT 25 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The undersigned, being authorized to execute and file these Articles of Organization of **SP OF ARMENIA, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

SP OF ARMENIA, LLC

ARTICLE II — Address:

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

500 East Kennedy Boulevard, Suite 300
Tampa, Florida 33602

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI — Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.



Michael Doyle
Authorized Signatory

FILED

2013 OCT 25 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

SP OF ARMENIA, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

Corporation Service Company

By: Stephanie Milnes
Print Name: Stephanie Milnes
Title: Asst. V.P.

Dated: October 25, 2013

CLERK OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 25 AM 11:09

FILED