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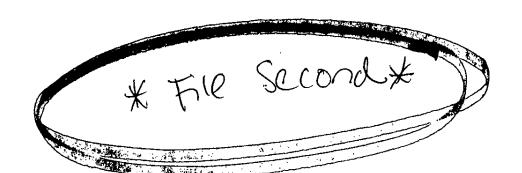
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COVER LETTER

| | gistration /ision of C | Section Corporations | 4 | |
|---|---------------------------|---|--|--|
| SUBJECT: | Commun | nity Foundation of Central Flo | rida, LLC | |
| | | | ted Liability Company | |
| The enclosed | d Articles o | of Organization and fee(s) are | submitted for filing. | |
| Please return | all corres | pondence concerning this mat | ter to the following: | |
| Jan R | R. Ezell, Co | orporate Paralegal | | |
| | | ************************************** | Name of Person | |
| Alsto | on & Bird ! | LLP | | |
| | | | Firm/Company | |
| 1201 | West Peac | chtree Street | | |
| - Charlest | | | Address | |
| Atlan | ota, GA 30. | 309-3424 | | |
| - | | | ty/State and Zip Code | |
| mwar | rick@cffo | - | for future annual report notification) | |
| For further in | ıformation | concerning this matter, please | • | |
| Jan R. Ezell | | | 404 881-7442 at () | |
| | Name | of Person | at () Area Code & Daytime Telep | hone Number |
| Enclosed is | a check f | or the following amount: | | |
| □\$ 125.00 Fil | ling Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | \$160.00 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 Ci Tallahassee, FL 32301 | rele |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Con- | npany is: | |
|--|---|---|
| Community Foundation of Central Florida, LI | | |
| (Must end with the words "Lir | nited 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: |
| Principal Office Address: | Mailing Address: | |
| 1411 Edgewater Drive, Suite 203 | 1411 Edgewater Drive, Suite 2 | .03 |
| Orlando, Ft. 32804 | Orlando, FL 32804 | |
| | | |
| business entity with an active Florida registration.) The name and the Florida street address Mark Brewer 1411 Edgewater Drive. | s of the registered agent are: | |
| * - · · · · · · · · · · · · · · · · · · | a street address (P.O. Box <u>NOT</u> acceptable) | |
| Orlando | FL 32804 | |
| | City, State, and Zip | |
| registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my posit | nated in this certificate, I hereby acceptives as a comply its capacity. I further agree to comply complete performance of my duties, a | ot the appointment as with the provisions of and I am familiar with |
| (C | ONTINUED) | Sign in the second |

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| "MGR" = Manager "MGRM" = Managing Member | |
|---|--|
| MCICM — Managing Member | |
| | |
| MGRM | Central Florida Foundation, Inc. |
| | 1411 Edgewater Drive, Suite 203 |
| | Orlando, Fl. 32804 |
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| (Use attachment if necessary) | |
| or 90 days after the date of filing.) | |
| 9, | |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: | |
| 9, | Brewer |
| REQUIRED SIGNATURE: | an authorized representative of a member. |
| REQUIRED SIGNATURE: Signature of a member or (In accordance with section 608.408 constitutes an affirmation under the 1 am aware that any false information | r an authorized representative of a member. 8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State |
| REQUIRED SIGNATURE: Signature of a member or (In accordance with section 608.408 constitutes an affirmation under the | r an authorized representative of a member. 8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State |
| REQUIRED SIGNATURE: Signature of a member or (In accordance with section 608.408 constitutes an affirmation under the 1 am aware that any false informatic constitutes a third degree felony as Mark Brewer, President and CEO | r an authorized representative of a member. 8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.) of Central Florida Foundation, Inc., its sole Member |
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