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Division of Corporations

Fax Cover Sheet

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

**EFFECTIVE DATE**

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : 120030000004  
Phone : (407)835-6959  
Fax Number : (407)843-4076

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

Email Address:

taugustyni@shutts.com

**FLORIDA LIMITED LIABILITY CO.  
NPERSPECTIVE SOUTH FLORIDA, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

NPERSPECTIVE SOUTH FLORIDA, LLC

**ARTICLE II - Address**

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

5971 Brick Court, Suite 100-B  
Winter Park, Florida 32792

**ARTICLE III - Management**

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be:

Nperspective Holdings, LLC  
5971 Brick Court, Suite 100-B  
Winter Park, Florida 32792

**ARTICLE IV - Effective Date**

The Effective Date of the limited liability company shall be January 1, 2014.

**ARTICLE V - Registered Agent and Office and  
Registered Agent's Signature**

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

CORPORATION COMPANY OF ORLANDO  
300 South Orange Avenue  
Suite 1000 (SAR)  
Orlando, Florida 32801

*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.*

CORPORATION COMPANY OF ORLANDO

By: \_\_\_\_\_

(Registered Agent's Signature)

J. Gregory Humphries, Vice President

\_\_\_\_\_  
Signature of a member or an authorized representative of a member

C. Russell Slappey, a Manager

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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