Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GREENE HAMRICK QUINLAN SCHERMER & ESPOSITO, P.A.

Account Number : I19990000030 Phone : (941)747-1871 Fax Number : (941)745-2966

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FLORIDA LIMITED LIABILITY CO. Victoria Place, LLC

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January 22, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREENE HAMRICK

SUBJECT: VICTORIA PLACE, LLC

REF: W14000004048

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

FAX Aud. #: H14000015583 Letter Number: 914A00001385

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Victoria Place, LLC

ARTICLE II - Address:

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

2201 4th Street North, Suite 200 St. Petersburg, Florida 33704

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert F. Greene, Esq. 601 12th Street West Bradenton, Florida 34205

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 property 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, F.S.

SIGNATURE

ARTICLE IV - Management:

The name and address of each person/entity authorized to manage and control the limited liability company:

Title: MGR Name and Address: JMC Victoria Place, Ltd.

2201 4th Street North, Suite 200 St. Petereburg, Florida 33704

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155, Florida Statutes)

Robert F. Greene Typed or printed name of signes H14000015583 3