

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000131466 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004 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. OCALA 489 II, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

(((H14000131466 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

OCALA 489 II, LLC

ARTICLE II - Street Address

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

303 E. Par Street Orlando, FL 32804

ARTICLE III - Mailing Address

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

303 E. Par Street Orlando, FL 32804

ARTICLE IV - Management

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

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 (DJC) 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 605, Florida Statutes.

CORPORATION COMPANY OF ORLANDO

By:

(Registered Agent's Signature)

Robert A. Savill, Vice President

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

Donald J. Curotto, Authorized Representative

ection 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics 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 for in s.817.155, Florida Statutes)