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| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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EFFECTIVE DATE 06-16-14

B. BOSTICK JUN 1 8 2014

EXAMINER

COLEMAN, HAZZARD, & TAYLOR, P.A.

ATTORNEYS AT LAW

POINCIANA PROFESSIONAL PARK 2640 GOLDEN GATE PARKWAY SUITE 304 NAPLES, FL 34105-3220

J. Michael Coleman
Board Certified Business Litigation Lawyer
William J. Hazzard
Attorney and Florida Supreme Court Certified Mediator
Damian C. Taylor
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Kelsey L. Hazard

Telephone (239) 298-5200 Toll Free: 877-464-4072 877-464-4074

Facsimile (239) 298-5236

Direct Line: 239-298-5220

June 16, 2014 VIA FEDERAL EXPRESS

Florida Dept. of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Development 18, LLC - Articles of Organization for Fla. LLC

Our File No. 8638-08

Dear Sir:

Enclosed is our check in the amount of \$130.00 payable to Florida Department of State for the filing fee and certificate of status for Development 18, LLC. Please return the certificate of status to us in the self-addressed stamped envelope provided.

If you have any questions or require anything further, please feel free to contact us at 877-464-4072 or 239-298-5204. Thank you.

Sincerely,

Lori A. Piccin

Paralegal /lap

Enclosures

Copy to: client

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w A Piccin

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | | | | |
|---|--|---------------------|-----------|-------------|
| DEVELOPMENT 18, LLC (Must end with the words "Limited") | Liability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: | | | | |
| The mailing address and street address of the principal of | fice of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 2640 GOLDEN GATE PARKWAY SUITE 304 NAPLES, FL 34105 | 2640 GOLDEN GATE PARKWAY SUITE 304 NAPLES, FL 34105 | _ | | |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered. | Registered Agent. You must designate an in | dividu | ual or | |
| J. MICHAEL COLEMAN, ESQ Name | | | | |
| 2640 GOLDEN GATE PARKV Florida street address (P.O. Box | | | | |
| NAPLES City | FL 34105 Zip | | | |
| Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblicing the control of | the appointment as registered agent and agr of all statutes relating to the proper and comp | ree to d plete p | act in t | his ance |
| Registered Agent's Signat | ure (REQUIRED) | | 72 | <u>.</u> . |
| (CONTINUI | E D) | | | |
| Page 1 of 2 | ······································ | | 7 P 3: 36 | 3 7 7 |

| Title: | Name and Address: | |
|--|--|---------------------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | | |
| MGR | ROBERT W. MEYER | |
| | 2640 GOLDEN GATE PKWY, SUITE 304 | |
| | NAPLES, FL 34105 | |
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| (Use attachment if necessary) | | |
| EV: Effective date, if other than the datective date is listed, the date must be sof filing.) LE VI: Other provisions, if any. | te of filing: <u>JUNE 16, 2014</u> . (OPTIONAL specific and cannot be more than five business days prior t | .) to or 90 days |
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| LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) LE VI: Other provisions, if any. | specific and cannot be more than five business days prior t | c) to or 90 days |
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