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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: (850)617-6383

From:

: HUBCO Account Name

Account Number: 104662003400 Phone : (516)935-3940 Fax Number : (800)293-4075

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

FLORIDA LIMITED LIABILITY CO.

Space Available LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Space A	vailable LLC
(1	Must end with the words "	.imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre	# :	
The mailing address ar	d street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Add	;c11:	Mailing Address:
4516 SE 34th Plac	e	4516 SE 34th Place
A		
(The Limited Liability		Ocala, FL 34480 Office, & Registered Agent's Signature; ts own Registered Agent. You must designate an indistration.)
ARTICLE III - Regis (The Limited Liability another business entity	Company cannot serve as	Office, & Registered Agent's Signature; ts own Registered Agent. You must designate an ind istration.)
ARTICLE III - Regis (The Limited Liability another business entity	Company cannot serve as with an active Florida reg	Office, & Registered Agent's Signature; ts own Registered Agent. You must designate an ind istration.)
ARTICLE III - Regis (The Limited Liability another business entity	Company cannot serve as with an active Florida regida street address of the re	Office, & Registered Agent's Signature; ts own Registered Agent. You must designate an ind istration.)
ARTICLE III - Regis (The Limited Liability another business entity	Company cannot serve as with an active Florida regida street address of the re	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an ind istration.) instered agent are: Name
ARTICLE III - Regis (The Limited Liability another business entity	Company cannot serve as with an active Florida regida street address of the reCynthia Fitzpatrick 4516 SE 34th Plac	Office, & Registered Agent's Signature; is own Registered Agent. You must designate an indistration.) instered agent are: Name
ARTICLE III - Regis (The Limited Liability another business entity	Company cannot serve as with an active Florida regida street address of the reCynthia Fitzpatrick 4516 SE 34th Plac	Office, & Registered Agent's Signature; ts own Registered Agent. You must designate an ind istration.) istered agent are: Name

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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Cynthia Fitzpatrick

(CONTINUED)

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2014 JUN 26 AM 8: 09
SECRETARY OF STATE
TARY AHASSEE, FLORID

H14000153640

Name and Address: Authorized Member
enager Cynthia Fitzpatrick
4516 SE 34th Place Ocala, FL 34480
Kate LeGrand
4516 SE 34th Place Ocala, FL 34480
nent if necessary)
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ve date, if other than the date of filing:
Signature of a member or an authorized reconstitutes an affirmation under the penalties of perjutant any sware that any false information submitted in a

Page 2 of 2