

Sep. 9. 2014 11:08AM
9/9/2014

Gray Robinson

Division of Corporations

No. 11371

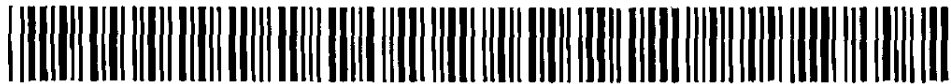
1

L14000140918

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H14000211474 3)))



H140002114743ABCY

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: *Please fax confirmation to (407) 244-5690*

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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

Email Address: jay.brennan@gray-robinson.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 SEP -9 AM 7:59

FILED

RECEIVED

14 SEP -9 AM 8:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.

Old Town Narcoossee SPE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Sep. 9. 2014 11:28AM Gray Robinson

No. 1971 P. 2

H14000211474 3 FILED

2014 SEP -9 AM 7: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of this Limited Liability Company is:

OLD TOWN NARCOOSSEE SPE, LLC

ARTICLE II

Address

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

9145 Narcoossee Road, Suite 102
Orlando, Florida 32827

ARTICLE III

Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV

Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

Name

Street Address

Steve Fusilier

9145 Narcoossee Road, Suite 102
Orlando, Florida 32827

H14000211474 3

H14000211474 3

ARTICLE V
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

John M. Brennan
GrayRobinson, P.A.
301 E. Pine Street, Suite 1400
Orlando, Florida 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


REGISTERED AGENT'S SIGNATURE
AUTHORIZED REPRESENTATIVE'S SIGNATURE

(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 for in s. 817.155, F.S.)

JOHN M. BRENNAN, AUTHORIZED REPRESENTATIVE
Type or printed name of signee

FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

FILED
2014 SEP -9 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000211474 3