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Andre, Gail

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Division of Corporations

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Florida Department of State
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For

Division of Corporations

Fax Number : (850) 617-6383

From: **GAIL S. ANDRE**

Account Name : LOWMEYER, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036

Phone : (407) 843-4600

Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

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INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
PIERPOINT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

ARTICLES OF ORGANIZATION
OF
PIERPOINT, LLC

ARTICLE I - NAME

The name of this limited liability company is Pierpoint, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 2160 Velvet Leaf Drive, Ocoee, Florida 34761.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 2160 Velvet Leaf Drive, Ocoee, Florida 34761, and the name of the initial registered agent of the Company at that address is Katherine L. Adams.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial manager of the Company is Katherine L. Adams.

Katherine L. Adams
Katherine L. Adams, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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.

Katherine L. Adams
Katherine L. Adams

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