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## · COVER LETTER

то:	Registration Division of C	Section Corporations		
SUBJE	CCT: <u>H104</u>	4 Orlando, LLC Name of Lin	nited Liability Company	
The end	closed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
		Maggie Senior	Name of Person	
			Name of Ferson	
		Semago Investi	ments, LLC	
			Firm/Company	
		4901 Vineland rd, Ste		
			Address	
		Orlando, Florida 32811		
		C	ity/State and Zip Code	
_	msenior	@semago.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
	Maggie Se	enior at (at	407 ) 903-0134	
		ne of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	r the following amount:		
<b>3 \$</b> 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address	Street/Courier Add	ress
		istration Section	Registration Section	tione

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
H104 Orlando, LLC		
(Must end with the	words "Limited Liability Company, "L.I	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
4901 Vineland rd, Ste 270 Orlando, Fl 32835	4901 Vineland rd. 3 Orlando, Fl 32811	
(The Limited Liability Company cannot another business entity with an active Fl	_	
The name and the Florida street address	of the registered agent are:	
Semago Inve	estment, Inc Name	
4901 Vinela	nd road, Ste 270	
	ddress (P.O. Box <u>NOT</u> acceptable)	
Orland	io FL 32811	
	City Zip	
the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with a	and to accept service of process for the aie, I hereby accept the appointment as regith the provisions of all statutes relating to and accept the obligations of my position a Chapter 605, F.S  ed Agent's Signature (REQUIRED)  (CONTINUED)  Page 1 of 2	stered agent and agree to act in this the proper and complete performance

<u> Citle:</u>	Name and Address:		
AMBR" = Authorized Member			
MGR* = Manager	Otalia da u Dita anno		
MGR	Steingrimur Pétursson		
	Furuvellir 7 , 600 Akureyri Island		
<del></del>			
	——————————————————————————————————————		
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