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(Re	equestor's Name)	
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DATE:

. .

10-31-14

NAME:

600 ORLANDO AVE, LLC

TYPE OF FILING: FLORIDA LIMITED LIABILITY COMPANY

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODG** 

## COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	r: 600 ORLANDO AVE, LLC	Limited Liability Company			
	sed Articles of Organization and fee(s	·			
Licase lei	arn all correspondence concerning thi	s matter to the following.			
		Name of Person			
	Capitol Services - Corpora	te Filings Team			
		Pirm/Company			
	800 Brazos Ste 400			2014 C	Care
		Address	<b>基</b> 型	)CT (	
	Austin TX 78701		3SS XXX	<u>~</u>	
	dm@morancap.com	City/State and Zip Code	OF ST	2014 OCT 31 AM 10: 47	
For furthe	E-mail address: r information concerning this matter, j	s: (to be used for future annual report notification) please call:	ROAL STATE	<u>, 1</u>	
	я	800 345-4647			
<del> </del>	Name of Person	Area Code Daytime Telephone Number			
Enclosed	s a check for the following amount:				
<b></b> \$125.00 F	iling Fce \$130.00 Filing Fce & Certificate of Status	\$155,00 Filing Fee & \$160,00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed)	f Status &	)	
	Mailing Address  Registration Section  Division of Corporations	Street/Courier Address Registration Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR ILORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:	E, LLC st end with the words "Limited street address of the principal of	•	•	<del></del>		
8214 Westchester I	Drive, Suite 500	8214 Westo	hester Drive, Suite 5	50		
Dallas, Texas 7522	5	Dallas, Tex	as 75225			
(The Limited Liability Co another business entity w	red Agent, Registered Office, ompany cannot serve as its own rith an active Florida registration street address of the registered	n Registered Age on.) d agent are:	nt. You must designate an ir	adividual or	2014 OCT 31	ī
<del></del>	Capitol Corporat		nc.	±. ⊕	A	ŗ
F	155 Office Pla	aza Dr Ste A	lo)	STATE. LORHOX	AM 10: 47	Ţ
	Tallahassee	FL	32301	,		
<u></u>	City		Zip			
the place designated in capacity. I further agree	egistered agent and to accept seen this certificate, I hereby accept to comply with the provisions familiar with and accept the obtained the comply with and accept the obtained the complete the comple	pt the appointment of all statutes relibilizations of my poter 605, F.S	I as registered agent and aga ating to the proper and composition as registered agent as Gayle Windle, As of Capitol Corpora	ree to act in the plete performant is provided for st. Sec. on	his ance In behalf	

(CONTINUED)

Page 1 of 2

"AMHR" = Authorized Member "MOR" = Manager	Naing and Address:
MGR	Robert I, Parks, III
	8214 Westchester Drive, Suite 550
	Dallas, Texas 75225
MGR	Douglas M. MacMahon
,	8214 Westchester Drive, Suite 550
	Dallas, Texas 75225
<del></del>	
(Use attachment If necessary)  E V: Effective date, if other then the date of ective date is listed, the date must be specifying.)	filing: (OPTIONAL)  The and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date of ective date is listed, the date must be speci of filing.)  E VI: Other provisions, if any.	
E V: Effective date, if other than the date of ective date is listed, the date must be speci of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  Signature of a memical filing of the constitutes an affirmation under turn aware that any false information and the same of the section of the constitutes an affirmation under the same of the section for the same of the section for the same of the same	
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a	er bi an anthorized representative of a member, .0203 (1) (b), Florida Statutes, the execution of this document if the penalties of perjury that the facts stated herein are true. mutton submitted in a document to the Department of State y as provided for in s.817.135, F.S.) bebort I. Parks, III, Member
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a	er of an anthorized representative of a member,  0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true.  mution submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

Page 2 of 2