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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : VOGEL LAW OFFICE, P.A.
Account Number : I20030000100
Phone : (239) 262-2211
Fax Number : (239) 262-8330

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BUREAU OF CORPORATIONS
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Vogel-Autumn Woods, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FEB 23 2015

D. BRUCE

**ARTICLES OF ORGANIZATION
OF
VOGEL - AUTUMN WOODS, LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: Vogel-Autumn Woods, LLC

**ARTICLE II
ADDRESS**

The mailing address and the street address of the principal office of the Limited Liability Company is:
4099 Tamiami Trail North, Suite 200, Naples, FL 34103.

**ARTICLE III
DURATION**

The period of duration of the Limited Liability Company shall be perpetual or until dissolved in a manner provided by law or as provided in the regulations adopted by the members.

**ARTICLE IV
PURPOSE**

The purpose of the Company is to engage in any and/or all lawful business(es).

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by a Manager and the name and address of such Manager is:

James D. Vogel, 4099 Tamiami Trail North, Suite 200, Naples, FL 34103

**ARTICLE VI
ADMISSION OF ADDITIONAL MEMBERS**

Upon approval as set forth in the operating agreement of the company, the company is authorized to admit Additional Members to the Company.

**ARTICLE VII
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

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These Articles are executed this 20th day of February, 2015, by the undersigned who is the Manager of the Company, pursuant to Florida Limited Liability Company Act, Chapter 605, Florida Statutes.


James D. Vogel
Manager

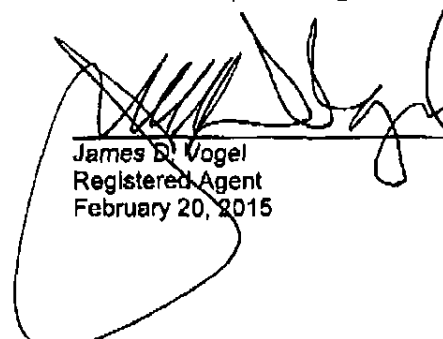
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is: Vogel-Autumn Woods, LLC
2. The name and address of the registered agent and office is:

James D. Vogel
4099 Tamiami Trail North
Suite 200
Naples, Florida 34103

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.


James D. Vogel
Registered Agent
February 20, 2015

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