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Email Address: dloewy@eyesfl.com

FLORIDA LIMITED LIABILITY CO.
HIGH GLEN LAKELAND, LLC

Certificate of Status	0
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No. 0123 P. 2
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Articles of Organization
for
High Glen Lakeland, LLC
a Florida limited liability company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I
Name

The name of this company shall be High Glen Lakeland, LLC.

ARTICLE II
Duration

The term of existence of the company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III
Mailing Address

The mailing address of the principal office of this company is 407 Avenue K SE, Winter Haven, FL 33880. The street address of the principal office of this company is 407 Avenue K SE, Winter Haven, FL 33880.

ARTICLE IV
Registered Agent and Office

The name and street address of this company's initial registered agent for service of process in this state is as follows: David M. Loewy, 407 Avenue K SE, Winter Haven, FL 33880.

ARTICLE V
Management

The company is to be a member-managed company.

ARTICLE VI
Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the company shall be vested in the members.

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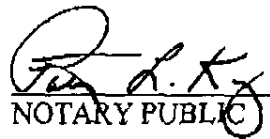
IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this 27th day of March, 2015.


David M. Loewy

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 27th day of March, 2015, by David M. Loewy. He is personally known to me or produced his current drivers' license as identification.

(SEAL)


NOTARY PUBLIC

Print Name of Notary

My commission expires:



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STATE OF FLORIDA

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STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent for **High Glen Lakeland, LLC** and to accept service of process for the company, 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 in Chapter 605, Florida Statutes.


David M. Loewy

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 27th day of March, 2015, by David M. Loewy, who is personally known to me, or who produced his current drivers' license as identification.

(SEAL)


NOTARY PUBLIC

Print Name of Notary

My Commission Expires:



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