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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GREENBERG TRAUIG (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CERTUS SL INVESTORS LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
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STATE OF FLORIDA

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**ARTICLES OF ORGANIZATION
OF
CERTUS SL INVESTORS LLC
a Florida limited liability company**

ARTICLE I - Name: The name of the Limited Liability Company is:
CERTUS SL INVESTORS I.L.C

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

1400 Poinsettia Ave.
Orlando, Florida 32804

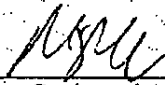
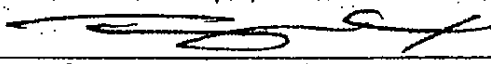
ARTICLE III - Management: The Limited Liability Company is a manager-managed company.

ARTICLE IV - Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name: Contega Business Services, I.L.C
Address: One Independent Drive, Suite 1200
Jacksonville, FL 32202

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, F.S.


By: Matthew S. McFar, Executive Vice President


Signature of a member or an authorized representative of a member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, F.S.)

Troy M. Cox
Typed or printed name of signor

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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