300281270553
16 JAH 22 PH 1: 22 SUFFICIENCY OF FILMS
18, 184 22, PH 2: 11 2009 50 51 51 51 51 2019 51 51 51 51 51 51 51 51 51 51 51 51 51

l

'JAN 22 2016

T SCHROEDER

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL³32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/22/16

1

NAME: ELLSWORTH SUMMERS MANAGEMENT LLC

TYPE OF FILING: ARTICLES

s'

COST: 160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

rochi

ARTICLES OF ORGANIZATION OF

Ellsworth Summers Management, LLC (a Florida limited liability company)

ARTICLE | - NAME:

The name of the limited liability company is Ellsworth Summers Management, LLC (the "Company").

ARTICLE II - ADDRESS:

The principal office, street and mailing address of the Company is 50 North Laura Street, Suite 3000, Jacksonville, Florida 32202.

ARTICLE III - REGISTERED AGENT:

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

Ellsworth Summers 50 North Laura Street Suite 3000 Jacksonville, Florida 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.

BUswdrth Sultumers

ARTICLE IV - MANAGEMENT:

The Company shall be a manager-managed Company, and the name, address and title of the person authorized to manage and control the Company are:

Name: Title: Address: Ellsworth Summers Manager 50 North Laura Street Suite 3000 Jacksonville, Florida 32202

(Signature Page Follows)

National Science

2



AUTHORIZED REPRESENTATIVE:

Ellsworth Simmers

 T

264870)4 v)