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FLORIDA LIMITED LIABILITY CO. GAPWAY 15/16 LLC

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Articles of Organization for Gapway 15/16 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 Revised 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 Gapway 15/16 LLC.

ARTICLE II <u>Duration</u>

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

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ARTICLE III
Mailing Address

The mailing address of the principal office of this company is P.O. Box 1364, Aubumdale, FL 33823. The street address of the principal office of this company is 2222 West Pierce Street, Lake Alfred, FL 33850.

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: John W. Strang, 2222 West Pierce Street, Lake Alfred, FL 33850.

ARTICLE V Management

The company is to be a manager-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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Article VII Name and Address of Persons Authorized to Manage and Control the Company

The name and address of each person authorized to manage and control the Company are as follows:

<u>Title</u> Manager

Name and Address

John W. Strang

P.O. Box 1364, Auburndale, FL 33823

Manager

Carl J. Strang, III

P.O. Box 1364, Auburndale, FL 33823

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Loc of the someone shall company, an authorized representative of the company, has hereunto set his hand and seal this 14+L day of March, 2016.

John W. Strang

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STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent for Gapway 15/16 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.

John W. Strang

STATE OF FLORIDA COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me this // day of March, 2016, by John W.

Strang.

Signature of Notary Public

Tohn Edwin GARNER JB.

Printed, typed, or stamped commissioned
Name of Notary Public

Personally known or produced identification _____.

Type of identification produced:

JOHN EDWIN GARNER, JR.

MY COMMISSION I FF 127200

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