Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: HILL WARD HENDERSON Account Name

Account Number: 072100000520 : (813)221-3900 : (813)200-5995 Fax Number

Inter 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. MVP Citrus Park Opco, LLC

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Corporate Filing Menu

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	MVP C	ITRUS PAI	RK OPCO, I	LLC		
The undersign	ed executes thes	e Articles of	Organizatio	n of MVP CIT	RUS PARK	
OPCO, LLC to form a Liability Company Ac	limited liability	y company p	ursuant to the	e Florida Revis	ed Limited	
Liability Company Ac		دور معروم الراب	والمعارض والمعمورة			
Although Commonwealth The Common to State Common		ARTICLE I	. NAME			
The name of the	ne limited liabili	ity company	is: MVP CIT	RUS PARK O	PCO, LLC.	
	<u>A</u> I	RTICLE II.	ADDRESS	and the second of the second o	en lande på lande. Same en	
The mailing a	nd street addres irkway, Suite 1,			of the limited	liability com	pany is
	RTICLE III. R	EGISTER	D AGENT	AND OFFICE	i .	

The street address of the initial registered office of the limited liability company is 4343 Anchor Plaza Parkway, Suite 1, Tampa, Florida 33634, and the name of the limited liability company's initial registered agent at that address is Nicholas Reader.

Having been named 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.

Nicholas Reader

ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is a manager-managed limited liability company

EXECUTED: September 13

Nicholas Reader,

.. Authorized Representative of the Member

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