

Nov. 28. 2016 12:00 PM Robinson No. 848 P. 1  
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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From: Carrie Ramos, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO  
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Phone : (407)843-8880  
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**FLORIDA LIMITED LIABILITY CO.  
PSH Partnership, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
PSH PARTNERSHIP, LLC**

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ARTICLE I - NAME

The name of this limited liability company is PSH PARTNERSHIP, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

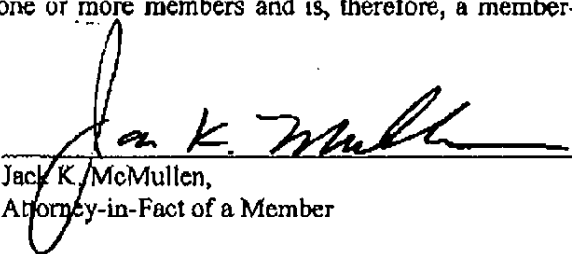
The mailing address and street address of the principal office of the Company is c/o GrayRobinson, P.A., 301 East Pine Street, Orlando, Florida 32801, Attn: Jack K. McMullen, Esq.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is c/o GrayRobinson, P.A., 301 East Pine Street, Orlando, Florida 32801, Attn: Jack K. McMullen, Esq and the name of the initial registered agent of the Company at that address is Jack K. McMullen.

ARTICLE IV - MANAGEMENT

The Company will be managed by one or more members and is, therefore, a member-managed limited liability company.

  
Jack K. McMullen,  
Attorney-in-Fact of a Member

ACCEPTANCE OF REGISTERED AGENT

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 608, Florida Statutes.

  
Jack K. McMullen