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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1597 SE PORT ST. LUCIE-BOULEVARD PORT ST. LUCIE, FLORIDA 34952 (772) 335-5455 (772) 335-2503 FAX

January 17, 2017

State of Florida
Department of State **Division of Corporations**409 E. Gaines Street
Tallahassee, Florida 32399

RE: Three Foxtail Palms, LLC

Dear Sir or Madam:

Enclosed herewith please find an original and one copy of the Articles of Organization for the above-referenced limited liability company, together with the Certificate Designating Registered Agent. Please file the original in your offices and certify and return to us a certified copy.

I am enclosing a check in the amount of \$125.00, which covers the fees for a new filing, registered agent designation and certified copy. Thank you for your cooperation in this matter.

Sincerely,

Tiffany N. Gonsalves, FRP Florida Registered Paralegal

Enc.

ARTICLES OF ORGANIZATION

OF

THREE FOXTAIL PALMS, LLC

The undersigned, for the purpose of forming a limited liability company under the Revised Florida Limited Liability Company Act, Chapter 605, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is Three Foxtail Palms, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The street address of the principal office of the Company shall be 2300 NE 13th Court, Jensen Beach, FL 34957 and the mailing address of the Company shall be 3605 Kirkwood Drive, Fairfax, VA 22031.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Member(s). The Managing Member(s) of the Company shall be Margarita B. Foster. The Member(s) of the Company are as follows:

Margarita B. Foster 3605 Kirkwood Drive Fairfax, VA 22031

ARTICLE V - ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, Esquire, 1597 S.E. Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

Margarita B. Foster, Incorporator

STATE OF VIGINIA COUNTY OF FAIRAX

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Margarita B. Foster, who produced VA Driver's License as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 4th day of January, 2014 AC)

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Notary Public State of Horida at Large Vi ginia

Printed Signature: Woham mad Cha. My Commission No: 7653660

My Commission Expires: 08-31-2019

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ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.

KICKEY L. FARRELL, ESQUIRE

Registered Agent

STATE OF FLORIDA COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this _____ day of ______, 2016.

(SEAL)

TIFFANY N. GONSALVES
Commission # FF 926664
Expires November 7, 2019
Bonded Tinu Troy Fam Insurance 800-385-7018

Notary Public State of Florida at Karge

Printed Signature:

My Commission No:

My Commission Expires:

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