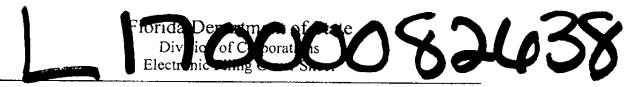
Division of Corporations

Page 1 of 1

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.

PC 423, L.L.C.

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K Brumbley

ARTICLES OF	ORGANIZATIO	NFORFLORIDAL	MITED LIABIL	ITY COMPAN	Y .	:
ARTICLE I - Name: The name of the Limited Liabilit PC 423, L.L.C.	y Company is:					
	with the words "	Limited Liability C	ompany, "L.L.(C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the prin	ncipal office of the l	Limited Liabili	ty Company is	:	
Principa	l Office Addre	<u>ss</u> :		Mailing A	ddress:	
1209 E. Cumberland Ave, Unit 702 Tampa, FL 33602		1209 E. Cumberland Ave, Unit 702 Tampa, FL 33602				
	·					
	1209 E. Cuml	Name Name Name perland Ave, Unit 7 address (P.O. Box	~	(e)		
; ·. · ·	Tampa	FL	- acceptant	33602	• • • • • • •	٠

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.

State

<u>~</u>

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

17 APR 12 AH 11: 36

	Title:	Name and Address:	٠.,
	"AMBR" = Authorized Member		. :
	"MGR" = Manager	SLANNA LIMITED PARTNERSHIP	
	AMBR	1209 E. Cumberland Ave, Unit 702	
		. Tampa, FL 33602	
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