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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6361

From: Account Name : NEAL SERVICES, LLC
Account Number : 126088800104
Phone : (302) 674-4085
Fax Number : (302) 674-5266

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

Email Address: office@holdenlawoffices.com

**FLORIDA LIMITED LIABILITY CO.
JACKSONVILLE AMBASSADOR OWNER, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jacksonville Ambassador Owner, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHANIE WALLO

Name of Person

NRAI SERVICES, LLC

Firm/Company

160 GREENTREE DRIVE, SUITE 101

Address

DOVER, DE 19904

City/State and Zip Code

office@holdenlawoffices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Stephanie Wallo

302

674-4089

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy

(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy

(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacksonville Ambassador Owner, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:718 W Business Highway 60
Dexter, MO 63841Mailing Address:PO Box 639
Dexter, MO 63841

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)Plantation,Florida33324

City

State

Zip

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.

NRAI Services, Inc.

By:

Stephanie Waller, Assistant Secretary

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
Manager

Name and Address:

Jacksonville Ambassador Manager, LLC
718 W Business Highway 60, PO Box 639
Dexter, MO 63841

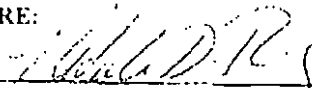
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Natalie D. Riley, Manager of Peachtree Historic TCI, LLC, Manager of
Typed or printed name of signee Jacksonville Ambassador Manager, LLC

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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