Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000054609 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600

Fax Number : (561)842-4104

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

LR@FCOHENLAW.COM

## FLORIDA LIMITED LIABILITY CO. 1700 DIXIE, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

Electronic Filing Menu Corporate Filing Menu

Help

N CULLIGAN FEB 19 2018

## **COVER LETTER**

H18000054609 3

| TO:       | New Filing Section Division of Corporations  |
|-----------|--|
| SUBJE     | 1700 DIXIE, LLC  |
| 30032     | Name of Limited Liability Company  |
| The end   | closed Articles of Organization and fee(s) are submitted for filing.   |
| Please 1  | return all correspondence concerning this matter to the following:   |
|           | PETER R. RAY, ESQ.   |
|           | Name of Person   |
|           | COHEN NORRIS, ET AL.   |
|           | Firm/Company   |
|           | 712 U.S. HIGHWAY ONE, SUITE 400  |
|           | Address  |
|           | NORTH PALM BEACH, FL 33408   |
|           | City/State and Zip Code  |
|           | LR@ FCOHENLAW. COM   |
|           | E-mail address: (to be used for future annual report notification)   |
| For furth | er information concerning this matter, please call:  |
|           | PETER R. RAY 561 844-3600  |
|           | Name of Person Area Code Daytime Telephone Number  |
| Enclose   | ed is a check for the following amount:  |
| S125.00   | O Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S155.00 Filing Fee & Certified of Status & Certified Copy (additional copy is enclosed) |

Mailing Address

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

Street Address

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

H18000054609 3

H18000054609 3

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

| 1700 DIXIE<br>(M   | LLC ust contain the words "Limited Liabil  | ity Company, "L.L.C.," or "LLC.")  | <del></del>    |
|--|--|--|----------------|
| ARTICLE II - Address<br>The mailing address and                          | :<br>street address of the principal office  | of the Limited Liability Company is:   |                |
|  | Principal Office Address:  | Mailing Address:   |                |
| TERM ATTAR   | TUM BOULEVARD  | SAME   |                |
|  |  | GANE.  | <del></del>    |
|  | BEACH, FL 33426  | SAINE.   |                |
| ARYICLE III - Registe (The Limited Limbility Canother business cutity to | BEACH, FL 33426  red Agent, Registered Office, & Recompany cannot serve as its own Registration.)  a street address of the registered agen   | gistered Agent's Signature:<br>sered Agent. You must designate an individual s                                     | 18 FEB         |
| ARTICLE III - Registe (The Limited Limbility Canother business cutity to | BEACH, FL 33426  red Agent, Registered Office, & Recompany cannot serve as its own Registration.)  a street address of the registered agent PETER R. RAY, ESQ.   | gistered Agent's Signature:<br>sered Agent. You must designate an individual s<br>t are:                           | 18 FE          |
| ARTICLE III - Registe (The Limited Limbility Canother business cutity to | BEACH, FL 33426  red Agent, Registered Office, & Recompany cannot serve as its own Registration.)  a street address of the registered agen   | gistered Agent's Signature:<br>sered Agent. You must designate an individual s<br>t are:                           | 18 FEB 16 A    |
| ARTICLE III - Registe (The Limited Limbility Canother business cutity to | BEACH, FL 33426  ared Agent, Registered Office, & Recompany cannot serve as its own Registration.)  a street address of the registered agent PETER R. RAY, ESQ.  Nan   | gistered Agent's Signature: stered Agent. You must designate an individual s t are:                                | 18 FEB 16 AM 9 |
| ARYICLE III - Registe (The Limited Limbility Canother business cutity to | BEACH, FL 33426  Tred Agent, Registered Office, & Recompany cannot serve as its own Registration.)  a street address of the registered agenth of t | gistered Agent's Signature: sered Agent. You must designate an individual s are: see SUITE 400 Box NOT acceptable) | 18 FEB 16 AM   |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

H180000 54609 3

ARTICLE IV-

H18066054609 3

| RECUIRED 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 Typed or printed name of signee  Mark Bullock, Counsel and Manager  Typed or printed name of signee   | "MGR" - Manager  MGR  First American Exchange Company, LLC, a DE LLC  215 South State Street, Suite 380  Salt Lake City, UT 84111  (Use attachment if necessary)  LLE V: Effective date, if other than the date of filing:  (OPTIONAL)  Iffective date is listed, the date unust be specific and cannot be more than five business days prior to or 9 e of filing.)  If the date inserted in this block does not meet the applicable atatutory filing requirements, this date will no nument's effective date on the Department of State's records.  LLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mamber 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 athorized in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Fees:   | Title:   |  | Name and Address;   |                  |
|--|--|--|--|---|------------------|
| (Use anachment if necessary)  (Use anachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL | (Use anachment if necessary)  (Use anachment if necessary)  (LE V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (If the date injected in this block does not meet the applicable statutory filing requirements, this date will not a contained a |  | zed Member   |   |                  |
| (Use attachment if necessary)  (Use attachment if necessary)  (LE V: Effective date, if other than the date of filing:  (OPTIONAL)  (Iffective date is listed, the date unust be specific and cannot be more than five business days prior to or 90 days as of filing.)  If the date interted in this block does not meet the applicable statutory filing requirements, this date will not be interested in this block does not meet the applicable statutory filing requirements, this date will not be interested at on the Department of State's records.  **TLE VI: Other provisions, if any.**  REQUIRED SIGNATURE:    Signature of a mamber 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 a.817.155, F.S.    Mark Bullock, Counsel and Manager Typed or printed name of signee   Filting Pers.   | (Use attachment if necessary)  (Use attachment if necessary)  (CPTIONAL)  (CPT |  |  | _, , , , _ , , , , , , , , , , , , , ,  |                  |
| (Use attachment if necessary)  ILE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  If the date inverted in this block does not meet the applicable statutory filing requirements, this date will not be himment's effective date on the Department of State's records.  ILE VI: Other provisions, if any.  RECOURSED SIGNATURE:  Signature of a mambler 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 a.817.155, F.S.  Mark Bullock, Counsel and Manager  Typed or printed name of signee   | (Use attachment if necessary)  (LE V: Effective date, if other than the date of filing:  | MGR  |  | First American Exchange Company, LLC, a DE LLC  |                  |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:   | (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date unst be specific and cannot be more than five business days prior to or 9 of filing.)  If the date inverted in this block does not meet the applicable statutory filing requirements, this date will not unsent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mamber or an authorized representative of a member.  This document is executed in accordance with section 603.023 (1) (b), Florida Statutes I am aware that any date information authorized in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  |  |  | 215 South State Street, Suite 380   |                  |
| (Use attachment if necessary)  ILE V: Effective date, if other than the date of filing:  | (Use affective date, if other than the date of filing:   |  |  | Salt Lake City, UT 84111  |                  |
| (Use attachment if necessary)  ILE V: Effective date, if other than the date of filing:  | (Use affective date, if other than the date of filing:   |  |  |   |                  |
| (Use attachment if necessary)  ILE V: Effective date, if other than the date of filing:  | (Use affective date, if other than the date of filing:   |  |  |   |                  |
| (Use attachment if necessary)  ILE V: Effective date, if other than the date of filing:  | (Use affective date, if other than the date of filing:   |  |  |   |                  |
| (Use attachment if necessary)  ILE V: Effective date, if other than the date of filing:  | (Use affective date, if other than the date of filing:   |  |  |   |                  |
| (Use affective date, if other than the date of filing:   | (Use anachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date unust be specific and cannot be more than five business days prior to or 9 to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ament's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mamber 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Fees:   |  |  |   |                  |
| (Use affective date, if other than the date of filing:   | (Use anachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date unust be specific and cannot be more than five business days prior to or 9 to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ament's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mamber 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Fees:   |  |  |   |                  |
| (Use affective date, if other than the date of filing:   | (Use anachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date unust be specific and cannot be more than five business days prior to or 9 to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ament's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mamber 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Fees:   |  |  |   |                  |
| (Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  | (Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date unust be specific and cannot be more than five business days prior to or 9 to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not businest's effective date on the Department of State's records.  LEVI: Other provisions, if any.   BEOURED SIGNATURE:  Signature of a mamber 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 is expected information submitted in a document of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  |  |  |   |                  |
| (Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  | (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 9 to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not consent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mambler or an authorized representative of a member.  This document is executed in accordance with setion 605.0203 (1) (b), Florida Statutes, I am aware that is executed in formation submitted in a document of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Mark Bullock, Counsel and Manager  Typed or printed name of signee   |  |  | •   |                  |
| (Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  | (Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date unust be specific and cannot be more than five business days prior to or 9 to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not businest's effective date on the Department of State's records.  LEVI: Other provisions, if any.   BEOURED SIGNATURE:  Signature of a mamber 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 is expected information submitted in a document of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  |  |  |   |                  |
| REOURED SIGNATURE:  Signature of a mamber 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  (OPTIONAL)  (OPTIO | ILE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date unust be specific and cannot be more than five business days prior to or 9 to of filing.)  If the date inverted in this block does not meet the applicable statutory filing requirements, this date will not ament's effective date on the Department of State's records.  ILE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mamber 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  |  |  |   |                  |
| REOURED SIGNATURE:  Signature of a mamber 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  (OPTIONAL)  (OPTIO | ILE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date unust be specific and cannot be more than five business days prior to or 9 to of filing.)  If the date inverted in this block does not meet the applicable statutory filing requirements, this date will not ament's effective date on the Department of State's records.  ILE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mamber 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  |  |  |   |                  |
| CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date unust be specific and cannot be more than five business days prior to or 90 days a of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be insument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mamber 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 falony as provided for in a.817.155, F.S.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  | ILE V: Effective date, if other than the date of filing:  (OPTIONAL)  If the date is listed, the date unust be specific and cannot be more than five business days prior to or 9 to of filing.)  If the date inverted in this block does not meet the applicable statutory filing requirements, this date will not rement's effective date on the Department of State's records.  ILE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mamber 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee   |  |  |   |                  |
| 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee   | 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee   | fective date is listed,<br>of filing.)   | the date unust be speci  | Its and cannot be more than five business days prior to or 90   | _                |
| 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee   | 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee   | Rective date is listed,<br>of filing.)<br>If the date inverted in<br>ument's effective date  | the date unust be speci<br>this block does not mee<br>on the Department of   | of and cannot be more than five business days prior to or 90 or some the applicable statutory filing requirements, this date will not   | _                |
| 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Ferm.   | 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Ferm.   | Tective date is listed, of filing.) If the date inserted in unent's effective date LE VI: Other provision  | the date unust be speci<br>this block does not mee<br>on the Department of<br>us, if any.  | of and cannot be more than five business days prior to or 90 or some the applicable statutory filing requirements, this date will not   | _                |
| 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signer  Filling Ferm.   | 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Ferm.  | Tective date is listed, of filing.) If the date inserted in unent's effective date LE VI: Other provision  | the date unust be speci<br>this block does not mee<br>on the Department of<br>us, if any.  | of and cannot be more than five business days prior to or 90 or some the applicable statutory filing requirements, this date will not   | _                |
| 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Ferm:  | 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signer  Filling Ferm:  | Tective date is listed, of filing.) If the date inserted in unent's effective date LE VI: Other provision  | the date unust be speci<br>this block does not mee<br>on the Department of<br>us, if any.  | of and cannot be more than five business days prior to or 90 or some the applicable statutory filing requirements, this date will not   | _                |
| 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Ferm  | 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.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Ferm  | Tective date is listed, of filing.) If the date inserted in unent's effective date LE VI: Other provision  | the date unit be specific this block does not mee to the Department of ins, if any.  ATURE:  | of the applicable statutory filing requirements, this date will not State's records.  | be list          |
| constitutes a third degree felony as provided for in s.817.155, F.S.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Ferm   | constitutes a third degree felony as provided for in s.817.155, F.S.  Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Ferm   | fective date in listed, of filing.) If the date inserted in ument's effective date LE VI: Other provision  | this block does not mee to the Department of the | of the applicable statutory filing requirements, this date will not State's records.  | _                |
| Mark Bullock, Counsel and Manager  Typed or printed name of signee  Filling Ferm   | Mark Bullock, Counsel and Manager Typed or printed name of signee  Filling Ferm  | Tective date in listed, of filing.) If the date inserted in ument's effective date LE VI: Other provision  REQUIRED SIGN  This   | this block does not mee on the Department of ns, if any.  ATURE:  Signature of a mamis s document is executed  | the applicable statutory filing requirements, this date will not State's records.  State's records.  ber or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.   | to list          |
| Typed or printed name of signee  | Filing Fees:   | Tective date in listed, of filing.)  If the date inserted in unent's effective date  LE VI: Other provision  REQUIRED SIGN  This   | this block does not mee to the Department of the Department of the Department of the partment of the Department of the Department of the Department of a mamb s document is executed to aware that any false in  | the applicable statutory filing requirements, this date will not State's records.  ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes: aformation submitted in a document to the Department of State  | to list          |
| Filing Fees:   | Filing Fees:   | Tective date in listed, of filing.)  If the date inserted in unent's effective date  LE VI: Other provision  REQUIRED SIGN  This   | this block does not mee to this block does not mee to the Department of ins, if any.  ATURE:  Signature of a manil a document is executed newere that any false in stitutes a third degree for   | the applicable statutory filing requirements, this date will not State's records.  State's records.  ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes: after mation submitted in a document to the Department of State telony as provided for in s.817.155, F.S.  | 18 FEB 1         |
| Filing Fees:   | Filing Fees:   | Tective date in listed, of filing.)  If the date inserted in unent's effective date  LE VI: Other provision  REQUIRED SIGN  This   | this block does not mee to this block does not mee to the Department of ins, if any.  ATURE:  Signature of a manil a document is executed newere that any false in stitutes a third degree for   | the applicable statutory filing requirements, this date will not State's records.  State's records.  ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes: after mation submitted in a document to the Department of State telony as provided for in s.817.155, F.S.  | to list          |
| Filing Fees:   |  | Tective date in listed, of filing.)  If the date inserted in unent's effective date  LE VI: Other provision  REQUIRED SIGN  This   | this block does not mee to this block does not mee to the Department of ins, if any.  ATURE:  Signature of a manil a document is executed newere that any false in stitutes a third degree for   | the applicable statutory filing requirements, this date will not State's records.  State's records.  ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes: after mation submitted in a document to the Department of State telony as provided for in s.817.155, F.S.  | 18 FEB 16        |
| \$125.00 Filing Ree for Articles of Organization and Designation of Designant Apart  |  | Tective date in listed, of filing.)  If the date inserted in unent's effective date  LE VI: Other provision  REQUIRED SIGN  This   | this block does not mee to this block does not mee to the Department of ins, if any.  ATURE:  Signature of a manil a document is executed newere that any false in stitutes a third degree for   | the applicable statutory filing requirements, this date will not State's records.  State's records.  ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes: after mation submitted in a document to the Department of State telony as provided for in s.817.155, F.S.  | 18 FEB 16        |
|  |  | Tective date in listed, of filing.)  If the date inserted in unent's effective date  LE VI: Other provision  REQUIRED SIGN  This   | this block does not mee to this block does not mee to the Department of ins, if any.  ATURE:  Signature of a manil a document is executed newere that any false in stitutes a third degree for   | the applicable statutory filing requirements, this date will not State's records.  State's records.  ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.  nsel and Manager Typed or printed name of signee     | be list          |
| 1 MANUA 1/00 T 1 1/10 MODELE   | ,  | ted in ve date rovision. SIGN This I am continue the second secon | this block does not mee ton the Department of the Department of the Department of the the things, if any.  ATURE:  Signature of a manile document is executed newere that any false in stitutes a third degree false.  Mark Bullock, Cour  | the applicable statutory filing requirements, this date will not State's records.  State's records.  ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes: after mation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.  nsel and Manager Typed or printed name of signee | to lie 18 FEB 16 |

H188000546093