

L18000053713

Florida Department of State
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.

((H18000070270 3)))



H180000702703ABCZ

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 : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I2C030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

FILED
18 MAR -2 AM 10:22

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

Email Address: corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.
THE HEADQUARTERS BUILDING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2018 MAR -2 PM 14:20

FILED ((H18000070270 3)))

18 MAR -2 AM 10: 22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

TALLAHASSEE STATE

ARTICLE I - Name

The name of the Limited Liability Company is:

THE HEADQUARTERS BUILDING, LLC

ARTICLE II - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

1237 Hancock Circle St. Cloud, Florida 34769

ARTICLE III - Mailing Address

The mailing address of the principal office of the Limited Liability Company is as follows:

1237 Hancock Circle St. Cloud, Florida 34769

ARTICLE IV - Registered Agent and Office and Registered Agent's Signature

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

Corporation Company of Orlando 300 South Orange Avenue Suite 1600 (J2S) Orlando, Florida 32801

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, Florida Statutes.

CORPORATION COMPANY OF ORLANDO

By: [Signature] (Registered Agent's Signature) Robert A. Savill, Vice President

[Signature] Signature of a member or an authorized representative of a member Juli Simas James, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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, Florida Statutes)

((H18000070270 3)))