

# L18000275015

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000035  
Phone : (407)843-4600  
Fax Number : (407)843-4444

*Tami Passley*

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

Email Address: *a.moldschwitz@gmail.com*

**FLORIDA LIMITED LIABILITY CO.**

**Blossom Atrium, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
BLOSSOM ATRIUM, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is BLOSSOM ATRIUM, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is c/o Lowndes, Drosdick, Doster, Kantor & P.A., 215 N. Eola Drive, Orlando, Florida 32801.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is John D. Ruffier.

**ARTICLE IV - MANAGEMENT**

The Company is a manager-managed limited liability company and the initial manager of the Company is Brian Schwartz, c/o Lowndes, Drosdick, Doster, Kantor & P.A., 215 N. Eola Drive, Orlando, Florida 32801.

  
\_\_\_\_\_  
John D. Ruffier, Authorized Representative

**ACCEPTANCE OF REGISTERED AGENT**

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.

  
\_\_\_\_\_  
John D. Ruffier