Aug. 28. 2019

Division of Corporations **Electronic Filing Cover Sheet**

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From: Carrie Ramos FRP Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone

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Email Address: dmoore@LibertyProp.com

FLORIDA LIMITED LIABILITY CO. Liberty WS Nashville Smyrna GP, LLC

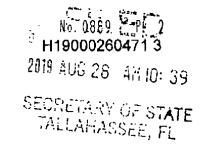
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of this Limited Liability Company is:

Liberty WS Nashville Smyrna GP, LLC

ARTICLE II Address

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

824 Highland Avenue Orlando, Florida 32803

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

Name Street Address

Wm. Michael Mikkelson 824 Highland Avenue Orlando, Florida 32803

13914897 ¢1

ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the initial Registered Agent of this Limited Liability Company is:

Wm. Michael Mikkelson 824 Highland Avenue Orlando, Florida 32803

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs 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.

Nm. Michael Mikkelm REGISTERED AGENT'S SIGNATURE

AUTHORIZED REPRESENTATIVE'S SIGNATURE

(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, F.S.)

WM. MICHAEL MIKKELSON, AUTHORIZED REPRESENTATIVE
Type or printed name of signee