

# L19000257966

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BURR & FORMAN LLP  
Account Number : I19990000278  
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Email Address: Ltipson@burr.com

FLORIDA LIMITED LIABILITY CO.  
FDSJ Eventide, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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SECRETARY OF  
STATE ASSISTANT

**ARTICLES OF ORGANIZATION**  
**OF**  
**FDSJ EVENTIDE, LLC**  
A Florida Limited Liability Company

THE UNDERSIGNED, in her capacity as duly authorized representative pursuant to Section 605.0201(1) of the Florida Revised Limited Liability Company Act ("**FRLLCA**") for the purpose of signing and delivering these Articles of Organization to the Florida Department of State for filing, does hereby certify as follows:

**ARTICLE I — Name**

The name of the limited liability company (hereinafter referred to as the "**Company**") is:

FDSJ Eventide, LLC

**ARTICLE II — Address**

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

1100 Brookstone Centre Parkway  
Columbus, GA 31904

**ARTICLE III — Registered Agent**

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

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE IV — Management**

The Company is to be managed by its manager, and is therefore a manager-managed limited liability company. The name and address of the initial manager of the Company is as follows:

**Name:**

FDG Eventide Investor, LLC,  
a Delaware limited liability company

**Address:**

1100 Brookstone Centre Parkway  
Columbus, GA 31904

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**ARTICLE V— Operating Agreement**

Any Operating Agreement, as defined in Section 605.0102(45) of FRLCA, relating to the Company must be in writing and signed by all of its members.

**ARTICLE VI — Limitation on Agency Authority of Members**

Pursuant to Section 605.04074(2) of FRLCA, no member of the Company shall be an agent of the Company for the purpose of its business solely by reason of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 24th day of October, 2019.

  
G. Wilson Horde, III, Authorized Representative

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for FDSJ EVENTIDE, LLC at the place designated in this statement below. 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 under Chapter 605, Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent this 25th day of October, 2019.

C T Corporation System

By: P Belanger  
Name: Patricia Belanger  
Title: Assistant Secretary

Address: 1200 South Pine Island Road  
Plantation, FL 33324

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