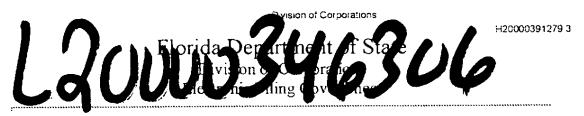
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
10.	Division of Co	orporations	17. 50.
		: (850)617-6381	Ž.C.
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From:			~]
	Account Name	: CORPORATION SERVICE COMPANY	
	Account Numbe	r : I2000 000 0195	2011
	Phone	: (850)521-0821	2⊞
	Fax Number	: (850)558-1515	••

FLORIDA LIMITED LIABILITY CO. VP DECLARANT HOLDINGS OF FL, LLC

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

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T. SCOTT

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DocuSign Envelope ID: 35A3C4D9-9055-4204-87D0 8B78DAA4F294 H20000391279 3 **COVER LETTER** TO: New Filing Section Division of Corporations VP Declarant Holdings of FL, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Candiotti Name of Person Latham, Luna, Eden & Beaudine, LLP Firm/Company 111 N. Magnolia Ave., Suite 1400 Address Orlando, FL 32801 City/State and Zip Code mcandiotti@lathamluna.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Candiotti 407 481-5820 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount. □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303 DocuSign Envelope ID: 35A3C4D9-9055-4204-87D0-8B78DAA4F204

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

۸	RT	171	I - Name:

The name of the Limited Liability Company is:

VP Declarant Holdings of FL, LLC
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is.

Principal Office Address:	Mniling Address:
1555 Indian River Blvd. Suite B113	same
Vero Beach, FL 32960	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Se	rvice Company	<u>_</u>
	Name	
1201 Hays Stre	et	
Florida street address	s (P.O. Box <u>NOT</u> ac	eceptable)
Tallahassee	FL	32301
City	State	Zip

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, F.S..

By Resistant April 2018

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

H20000391279 3

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	VP_Declacant Holdings of DE, LLC
	1555 Indian River Blvd. Suite B113
	Vero Beach, FL 32960
	
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