MO. 1470

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone

: (407)843-8880

Fax Number : (407)244-5690

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

Email Address: Tucker, thoni & grayrobiuson. con.

FLORIDA LIMITED LIABILITY CO.

High Level Holdings of Tallahassee, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. FASON

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ARTICLE I Name

The name of this Limited Liability Company is: High Level Holdings of Tallahassee, LLC

ARTICLE II Address

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

16305 Avila Blvd, Tampa, FL 33616

ARTICLE III Purpose

This Limited Liability Company is organized as a holding company for real estate development and rentals, and for transacting any other lawful business under Chapter 605, Florida Statutes.

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

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

GrayRobinson, P.A.
301 E. Pine Street, Suite 1400
Orlando, FL 32801
Attn: Tucker Thoni

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, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all standes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605. Florida Statutes.

REGISTERED AGENT'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 in Section 817, 155, Florida Statines,

AUTHORIZED REPRESENTATIVE'S SIGNATURE