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Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (407)843-4444

Attn: Tami D. 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: P.Missigman@atlantichousing.com

FLORIDA LIMITED LIABILITY CO.

Volusia Investment Opportunity Fund II, L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION VOLUSIA INVESTMENT OPPORTUNITY FUND II, L.L.C.

ARTICLE 1 - NAME

The name of this limited liability company is VOLUSIA INVESTMENT OPPORTUNITY FUND II, L.L.C. (the "Company").

<u>ARTICLE II - PRINCIPAL OFFICE</u>

The mailing address and street address of the principal office of the Company is 200 East Canton Avenue, Suite 102, Winter Park, Florida 32789.

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 Amanda F. Wilson.

ARTICLE IV - MANAGEMENT

The Company is a manager-managed limited liability company and the initial managers of the Company are Paul M. Missigman and Michael J. Sciarrino, 200 East Canton Avenue, Suite 102, Winter Park, Florida 32789.

ARTICLE V - PURPOSE

The purpose of the Company shall be to invest in "qualified opportunity zones" within the meaning of Section 1400Z-1(a) of the Internal Revenue Code of 1986 and to engage in any other activities to which the members of the Company approve in accordance with the Operating Agreement of the Company.

Amanda F. Wilson, 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 6 Florida Statutes.

Amanda F. Wilson

FAX COVER SHEET

TO		
COMPANY		
FAXNUMBER	18506176381	
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COVER MESSAGE

THANK YOU,



Mary Martinez

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