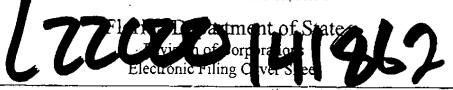
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Division of Corporations



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(((H220001230673)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100 Fax Number : (941)745-2093

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

iill@nsii.net Email Address:__

FLORIDA LIMITED LIABILITY CO. 149 Tyler, LLC

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Fax Audit: (((H22000123067 3)))

ARTIC	LES OF ORGANIZATION FOR	RELORDALIMITE	LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited	Liability Company is:			
149 Tyler, LL (Mu	C Ist contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:			,	
	: street address of the principal	office of the Limited	Liability Company is:	
<u> </u>	rincipal Office Address:		Malling Address:	
F201 T 3	od Ranch Blvd., Suite 100	530	5391 Lakewood Ranch Blvd., Suite 100 Sarasota, Florida 34240	
Sarasota, Flor				
Sarasota, Flor ARTICLE III - Register (The Limited Liability Co	ida 34240	Sars , & Registered Ages n Registered Agent,	sota, Florida 34240	
Sarasota, Flor ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office	Sars , & Registered Age n Registered Agent. on.)	sota, Florida 34240 nt's Signature:	
Sarasota, Flor ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office ompany cannot serve as its ow rith an active Florida registrati	& Registered Agent. on.) d agent are:	sota, Florida 34240 nt's Signature:	
Sarasota, Flor ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office ompany cannot serve as its ow ith an active Florida registratic street address of the registered	& Registered Agent. on.) d agent are:	sota, Florida 34240 nt's Signature:	
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Sarasota, Flor ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office ompany cannot serve as its ow ith an active Florida registratic street address of the registere NRAI Services, Inc.	Sarian, & Registered Agent. on.) d agent are: Name	isota, Florida 34240 nt's Signature: You must designate an individual or	
Sarasota, Flor ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office ompany cannot serve as its ow ith an active Florida registratic street address of the registere NRAI Services, Inc	Sarian, & Registered Agent. on.) d agent are: Name	isota, Florida 34240 nt's Signature: You must designate an individual or	

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..

(CONTINUED)

ZOZI APR -5 AM 6: 52

	Fax Audit: (((H22000123067 3)))		
ARTICLE IV- The name and address of each person aut	horized to manage and control the Limited Liability (Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
			
			
			
in effective date is listed, the date must be spec date of filing.)	f filing:	or to or 90 days afte	
TICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	Hidchens		
Signatuée of a mem This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Floridation submitted in a document to the Department of the D	i Statutes. It of State	
John Hutchens			
	Typed or printed name of signee		
747 - AA 7511	Filing Fees:	3 ± 5 ± 6	
\$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	nization and Designation of Registered Agent	WZI APR	
\$ 5.00 Certificate of Status (Optional)		THE PROPERTY OF	