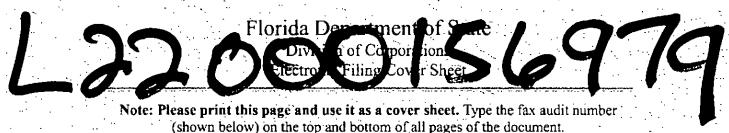
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Division of Corporations:



(((H22000134457⁻³)))



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Division of Corporations

Fax Number ... : (850)617-6381

Account Name : C.T. CORPORATION SYSTEM

Account Number : FCA000000023 Phone (954) 208-0845 Fax Number : (614)573-3996

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

Email Address

FLORIDA LIMITED LIABILITY CO.

Noda Concessions Real Property LLC

Certificate of Status	
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED L'ABILITY COMPANY

ARTICLE I - Name:

٠,

The name of the Limited Liability Company is:

Noda Concessions Real Property LLC

(Must contain 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:

Mailing Address:		
8020 NW IST Place, Gainsville FL 32607		

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:

Elizabeth Synder		
	Name	
8020 NW 1ST Plac	c	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Gainsville	FL	32607
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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^	п			

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	uthorized Member	Name and Address:
"MGR" = Ma		
MGR		Elizabeth Synder - 8020 NW 1ST Place, Gainsville FL 3260
		
.MGR		Samuel Synder - 8020 NW 1ST Place, Gainsville FL 32607
(Use attachme	mt if necessary)	
	ve date on the Department	meet the applicable statutory filing requirements, this date will not be list of State's records.
REQUIRED	SIGNATURE:	DocuSigned by:
		Courtney Harris
	This document is execu I am aware that any false	ember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.
		Courtney A. Harris Typed or printed name of signee
		Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

