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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I20030000004  
Phone : (407)835-6769  
Fax Number : (407)843-4076

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

Email Address: corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.**  
**52 Development Group, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA22 JUL 18 PM 12:35  
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:  
52 DEVELOPMENT GROUP, LLC

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is as follows:

300 South Orange Avenue  
Suite 1600 (BMJ)  
Orlando, Florida 32801

**ARTICLE III - Management**

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be John W. Gilbert.

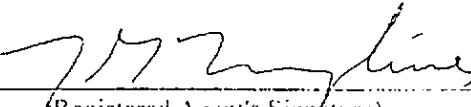
**ARTICLE IV - Registered Agent and Office and  
Registered Agent's Signature**

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

Corporation Company of Orlando  
300 South Orange Avenue  
Suite 1600 (BMJ)  
Orlando, Florida 32801

*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, Florida Statutes.*

CORPORATION COMPANY OF ORLANDO

By:   
(Registered Agent's Signature)  
J. Gregory Humphries, Vice President

\_\_\_\_\_  
Signature of a member or an authorized representative of a member  
Brian Jones, Authorized Representative

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(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 for in s.817.155, Florida Statutes.)

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