

**L 22 00077919**  
Florida Department of State  
Division of Corporations  
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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

**\*\*Enter 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@gray-robinson.com

**FLORIDA LIMITED LIABILITY CO.**  
**Magic Wingdom 14, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is: **MAGIC WINGDOM 14, LLC**

**ARTICLE II**  
**Address**

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

3203 Lawton Road, Suite 151  
Orlando, FL 32803

**ARTICLE III**  
**Purpose**

This Limited Liability Company is organized for the purposes of any 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.

**Manager:** Charles Soderstrom, 3203 Lawton Road, Suite 151, Orlando, FL 32803

**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:

SodaWing, LLC  
3203 Lawton Road, Suite 151  
Orlando, FL 32803  
Attn: Charles Soderstrom

*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*

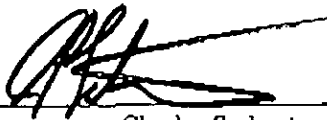
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STATE OF FLORIDA  
COUNTY OF ORANGE


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*this capacity. The undersigned agrees to comply with the provisions of all statutes 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**  
\_\_\_\_\_  
Charles Soderstrom

*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 Statutes.*

**AUTHORIZED REPRESENTATIVE'S SIGNATURE**  
\_\_\_\_\_  
Charles Soderstrom, Authorized Representative

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA