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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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. McLaren Properties S. Federal LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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To.

The name of the Limited Liability Company is:

McLaren Properties S. Federal 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:

Principal Office Address:Mailing Address:900 Hillsboro Mile, Unit 1900 Hillsboro Mile, Unit 1Hillsboro, FL 33062Hillsboro, FL 33062

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:

| Steven Brown | | |
|----------------------|----------------------------|---------------|
| | Name | - |
| 900 Hillsboro Mile, | Unit 1 | |
| Florida street addre | ss (P.O. Box NOT ac | cceptable) |
| Hillsboro | FL | 33062 |
| 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 large 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 proyided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

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

| Brown illsboro Mile, Unit I oro, FL 33062 | |
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| (OPTIONAL) | |
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| n authorized representative of a member, rdance with section 605.0203 (1) (b), Florida Statuts, on submitted in a document to the Department of State provided for in s.817.155, F.S. | 7 SEP - 7 |
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| Te The Transport | authorized representative of a member. dance with section 605.0203 (1) (b), Florida Statuts. In submitted in a document to the Department of State provided for in s.817.155, F.S. |