

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number: 072720000036 Phone : (407)843-4600 Fax Number : (786)901-8020

Attn: Tami D. Passley

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

Email Address: cishak@ncfgiving.com

FLORIDA LIMITED LIABILITY CO. Flourishing Families, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION OF FLOURISHING FAMILIES, LLC

ARTICLE I - NAME

The name of this limited liability company is FLOURISHING FAMILIES, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company is 15 N. Eola Drive, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 15 N. Eola Drive. Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Timothy Senelf.

<u>ARTICLE IV - MANAGEMENT</u>

The Company is a manager-managed limited liability company and the initial manager of the Company is Timothy Seneff, 15 N. Eola Drive, Orlando, Florida 32801.

/s/ Timothy Seneff
Timothy Seneff, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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.

/s/Timothy Seneff
Timothy Seneff