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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: _____

FLORIDA LIMITED LIABILITY CO.

Cobb Family #2, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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**ARTICLES OF ORGANIZATION
OF
COBB FAMILY #2, LLC**

ARTICLE I - NAME

The name of this limited liability company is COBB FAMILY #2, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 3030 Turtle Mound Road, Melbourne, Florida 32934.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1901 S. Harbor City Blvd., Suite 600, Melbourne, Florida 32901, and the name of the initial registered agent of the Company at that address is James M. O'Brien.

ARTICLE IV - MANAGEMENT

The Company is a manager-managed limited liability company and the initial manager of the Company is Betty S. Cobb, 3030 Turtle Mound Road, Melbourne, Florida 32934.

/s/ James M. O'Brien

James M. O'Brien, 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/ James M. O'Brien

James M. O'Brien