Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Em-11	Address:			
F0317	Address:			

FLORIDA LIMITED LIABILITY CO.

Cameron-SQRL Clermont, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	v Filing Section Ision of Corporations		
SUBJECT:	Cameron-SQRL Clermon	t, LLC	
		imited Liability Company	
The enclosed	Articles of Organization and fee(s) a	are submitted for filing.	
Please return	all correspondence concerning this n	natter to the following:	
<u>, </u>	Amanda Shaw		
		Name of Person	
(Cameron Propety Compan	y, LLC	
		Firm/Company	
2	1064 Colony Road, Suite 3	315	
_		Address	
(Charlotte, NC 28211		
_		City/State and Zip Code	
<u>_t</u>	ina@madisoncapgroup, L		
		d for future annual report notification.	on)
For further info	ormation concerning this matter, plea	se call:	
_	at (855 498 - 5500	
	Name of Person	Area Code Daytime Telephone	Number
Enclosed is a	check for the following amount:		
\$125.00 Filir	ng F∞ \$130.00 Filing Fcc & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Muiling Address	Street Address	
	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	ions assee eet, Suite 810
			. S

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ici	LEI	- N	a me:
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The name of the Limited Liability Company is:

Cameron-SQRL Clermont, 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:
4064 Colony Road	4064 Colony Road
Suite 315	Suite 315
Charlotte, NC 28211	Charlotte, NC 28211

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:

Capitol Corpora	te Services, I	nc.
	Name	
515 East Park A	Avenue 2nd F	I
Florida street address	(P.O. Box NOT ac	cceptable)
Tallahassee FL	32301	
City	State	Zip

llaving 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, F.S..

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Use attachment if necessary) V: Effective date, if other than the date of filing: City Effective date, if other than the date of filing: City educe is listed, the date must be specific and cannot be more than five business days prior to or 90 of filling.) In the date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filling.) In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sent's effective date on the Department of State's records. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes at third degree felony as provided for in s.817.155. F.S. Joe F. Teague, Jr. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	chment if necessary) chief in the date of filing: class of the date must be specific and cannot be more than five business days prior to or 90 days anserted in this block does not meet the applicable statutory filing requirements, this date will not be rective date on the Department of State's records. Signature of a member or an authorized representative of a member. This document is executed in a accordance with section 605.0203 (1) (b), Florida Statutes. 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. F.S. Joe F. Teague, Jr. Typed or printed name of signee Filling Feea: Filling Feea: Filling Feea: Filling Feea: Filling Feea: Filling Feea: Filling Feea:	Title:		Name and Address:		
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