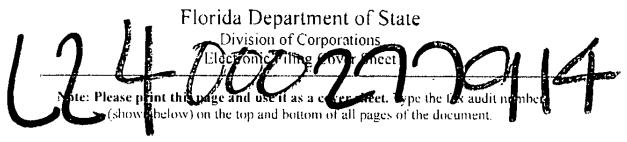
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

**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. HARBOUR POINTE 326 LLC

Certificate of Status	0
Certified Copy	O
Page Count	03
Estimated Charge	\$125,00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARBOUR POINTE 326 LLC

(Must end with 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:

4411 LONG LAKE DR. FORT MYERS, FL 33905

4411 LONG LAKE DR. FORT MYERS, FL 33905

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.

JOHN T. KING

Name

4411 LONG LAKE DR.

Florida street address (P.O. Box NOT acceptable)

FORT MYERS FL 33905
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 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..

SECRETARY OF STATE INVISIONS OF STATE AND A STATE OF STAT

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(CONTINUED)

Agenta Signature (REQUIRED)

Page Lof 2

To:

18886118813

<u>Title:</u> "AMI	3R" – Authorizea	l Member	Name and Address:	
	R" = Manager			
AMBR		_	JOHN T. KING	
			4411 LONG LAKE DR. FORT MYERS, FL 33905	
			13/4 1/14/4/10/37/2	
AMB	IR .	-	MARISA C. KING	
			4411 LONG LAKE DR.	
			FORT MYERS, FL 33905	
		_		
		_		
(Use :	ittachment if nece	essary)		
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Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)