Robert G. Wilson, CPA 1000 Savage Court, Suite 105 Longwood, Florida 32750 Tcle.: (407) 331-5662

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

-02/14/97--01095--003 ****285.00 ****265.00

97 FEB 14 PM 12: 39
SECKETARY OF STATE
TALLAHASSEE FLORIO

SUBJECT: FARMERS OUTLET III, L.C.

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of FARMERS OUTLET III, L.C.:

\$250.00 Filing fee for Articles of Organization and Affidavit \$ 35.00 Designation of Regisered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM:	Robert G. Wilson				
	Name (Printed or typed)				
	1000 Savage Court, Suite 105				
	Address				
Longwood, Florida 32750					
	City, State & Zip				
	(407) 331-5662				
	Daytime Telephone number				
	A MA				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. - Name:

The name of the Limited Liability Company is: FARMERS OUTLET III, L.C.

ARTICLE II. - Address

The mailing address and street address of the	principal office of	the Limited Liability	y Company is
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1018 West S.R. 434, Suite 100, Longwood, Florida 32750.

ARTICLE III. - Duration (check and complete the appropriate statement)

The period of duration for the Limited Liability Company shall be: Perpetual.

ARTICLE IV. - Management

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manger(s) is/are:

Woo S. Lee 1018 West S.R. 434, Suite 100, Longwood, Florida 32750.

☑ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Farmers Outlet Inc. 1710 Premier Row Orlando, Florida 32809

Signature of Member

STATE OF FLORIDA COUNTY OF ORANGE

THE FOREGOING INSTURMENT was acknowledged and sworn to before me this 29 day of

By. Woo 3 LCC

Notary Public



LINDA BROWN My Commission CC479849 Expires Aug. 19, 1999 Bonded by ANB 800-852-5878

Affidavit of Title-Corporation

- 1. Introduction. Woo S. Lee, being duly sworn, deposes and says:
- Description of Deponent. I am the President of FARMERS OUTLET III, L.C., a corporation organized and existing under the laws of Florida (and qualified to do business under the laws of Florida), with its principal offices at 1018 West S.R. 434, Suite 100, Longwood, Florida 32750. I make this affidavit solely as an agent of FARMERS OUTLET III, L.C. and in no other capacity.
- 3. The limited liability company has at least two members.
- 4. The actual amount of cash contributed by the member(s) as of formation is
- 5. If any, the agreed value of property other than cash actually contributed by the member(s) as of formation: None.
- 6. The amount of cash or property anticipated to be contributed by the member(s) is None.

Witness June Brown
Woo S. Lee (Deponent)

Witness June Brown

STATE OF FLORIDA
COUNTY OF ORANGE

The Forgoing affidavit was acknowledged and sworn to before me this 29 days NATE OF JAMES 1997.

Notary Public

* 1

LINDA BROWN
My Commission CC479849
Expires Aug. 19, 1999
Bonded by ANB
800-852-5878

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the registered agent and office is: ROBERT G. WILSON (Name) 1000 Savage Court, Suite 105 (P.O. Box or Mail Drop Box NOT ACCEPTABLE) Longwood, Florida 32750 (City/State/Zip) Having been named as registered agent and to accept service of process for the above stated corporation 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. Robert G. WILSON (City/State/Zip) Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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. Robert G. WILSON (City/State/Zip) Having been named as registered agent and to accept service of process for the above stated corporation 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. (SIGNATURE)	1.	The name of the corporation isFARMERS OUTLET HI, L.C.			
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Robert & Wilson 1/24/97 (SIGNATURE) (DATE)	stated appo- comp perfo	d corporation at the place designated in this certificate, I hereby acc intment as registered agent and agree to act in this capacity. I furthe ly with the provisions of all statutes relating to the proper and comp ormance of my duties, and I am familiar with and accept the obligation	ept the er agree lete	e to	
(SIGNATURE) (DATE)		Folest & Wilson 1/24/97			
		(SIGNATURE) (DATE)		_	