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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Cricklewood South, LLC

☐ Walk In

☐ Mail Out

☐ Will Wait

☐ Photocopy

☐ Pick Up Time

☐ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

RUSH

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other <u>LLC</u>

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

Ordered By: _____

FILED
99 AUG -2 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 AUG -2 PM 2:05
8-3-99

**ARTICLES OF ORGANIZATION
OF
CRICKLEWOOD SOUTH, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

Name. The name of the limited liability company shall be CRICKLEWOOD SOUTH, LLC.

ARTICLE II

Address. The mailing address shall be P. O. Box 36, Mt. Dora, Florida 32756 and the street address of the principal office of the Company shall be, 152 East Third Avenue, Mt. Dora, Florida 32756.

ARTICLE III

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual.

ARTICLE IV

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 1132 Symonds Avenue, Winter Park, FL 32789 and the name of the initial registered agent of the Company at that address is GARY M. BERKSON.

ARTICLE V

Management. The Company shall be managed by a manager or managers in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

NAME	ADDRESS
David B. Kyner	P. O. Box 36, Mt. Dora, Florida 32756
Steven C. Lowensten	P. O. Box 36 Mt. Dora, Florida 32756
Priscilla W. Beatty	P. O. Box 36

James E. Beatty

Mt. Dora, Florida 32756

P. O. Box 36
Mt. Dora, Florida 32756

ARTICLE VI

Admission of New Members. No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members or as otherwise provided in the regulations.

ARTICLE VII

Termination of Existence. The Company shall not be dissolved on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, and the remaining members shall continue the business of the Company.

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 30th day of July, 1999

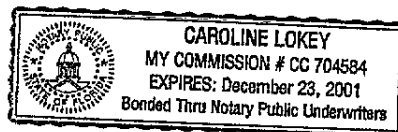

GARY M. BERKSON

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared GARY M. BERKSON, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 30 day of July, 1999.


NOTARY PUBLIC



AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

BEFORE ME, the undersigned notary, personally appeared the undersigned affiant, who after being duly sworn, deposes and says:

1. That he is an authorized representative of CRICKLEWOOD SOUTH, LLC for purposes of making this affidavit.
2. The above named limited liability company has at least one member.
3. The total amount of cash contributed by the member(s) is \$20,000.00.
4. If any, the agreed value of property other than cash contributed by member(s) is \$0-
5. The total amount of cash or property anticipated to be contributed by member(s) is \$40,000.00. This total includes amounts from 3 and 4 above.

THE AFFIANT SAYS NOTHING FURTHER

July 30, 1999

STATE OF FLORIDA
COUNTY OF ORANGE

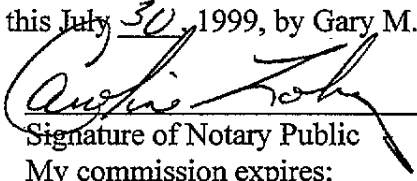

GARY M. BERKSON

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Sworn to and subscribed before me this July 30, 1999, by Gary M. Berkson.


Signature of Notary Public
My commission expires:

☒ Personally known OR
☐ Produced produced identification

Type of identification Produced:



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

CRICKLEWOOD SOUTH, LLC

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING
APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is CRICKLEWOOD SOUTH, LLC
2. As designated in the Articles of Organization filed with this designation, the name and the Florida street address of the registered agent is:

Gary M. Berkson
1132 Symonds Avenue
Winter Park, Florida 32789

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.



Gary M. Berkson

July 30, 1999

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99 AUG -2 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA