Division of Corporations

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Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : ANSBACHER & SCHNEIDER, PA

Account Number : 072647001172 Phone : (904)296-0100 Fax Number : (904)296-2842 99 NOV 16 AM 8: 2

LIMITED LIABILITY COMPANY

4655 Lenox Ave., L.L.C.

Certificate of Status	
Certified Copy	0
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ARTICLES OF ORGANIZATION OF 4655 LENOX AVE., L.L.C.

ARTICLE I

The name of this Limited Liability Company shall be 4655 Lenox L.L.C., a limited liability company.

4655 Lenox Ave., L.L.C. shall have perpetual existence..

ARTICLE III

4655 Lenox Ave., L.L.C. is created to engage in any lawful act, business or activity for which limited liability companies may be formed under the laws of the State of Florida and to do any and all other things which are necessary, desirable or incidental to the foregoing purpose.

ARTICLE IV

The principal place of business and mailing address of 4655 Lenox Ave., L.L.C. shall be 3601 Ocean Drive, S., Jacksonville Beach, Florida 32250, and such other place or places as the Members from time to time may determine.

The initial registered agent of 4655 Lenox Ave., L.L.C. shall be Michael N. Schneider whose address is 4215 Southpoint Boulevard, Suite 100, Jacksonville, Florida,

<u>ARTICLE V</u>

4655 Lenox Ave., L.L.C. will be managed by one of its Members. The initial managing Member shall be Richard M. Hamilton whose address is 3601 Ocean Drive, S., Jacksonville Beach, Florida 32250.

IN WITNESS WHEREOF, these Articles of Organization have been duly executed.

Authorized Representative

Michael N. Schneider Fl. Bar No. 166929 4215 Southpoint Blvd., Suite 100 Jacksonville, FL 32216 (904) 296-0100

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the organization is 4655 Lenox Ave., L.L.C., a Limited Liability Company.

The name and address of the registered agent and office is:

Michael N. Schneider 4215 Southpoint Blvd, Suite 100 Jacksonville, FL 32216

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

Michael N. Schneider, Registered Agent

11/15/99 Date