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FILED STATE SECRETARY OF CORPORATIONS  
00 JUL -3 PM 3:45



ACCOUNT NO. : 072100000032  
REFERENCE : 751627 81528A  
AUTHORIZATION : *Patricia Pigato*  
COST LIMIT : \$ 160.00

ORDER DATE : June 30, 2000  
ORDER TIME : 1:57 PM  
ORDER NO. : 751627-005  
CUSTOMER NO: 81528A

700003312137--0

CUSTOMER: Ms. Donna Madsen  
Kenneth F. Oswald, Esq  
  
Suite 110  
600 Courtland Street  
Orlando, FL 32804

RECEIVED  
00 JUL -3 PM 3:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: VANGUARD PARTNERS, LLC

EFFECTIVE DATE:

*3*

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

*hjk 7/3*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL -3 PM 3:45

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VANGUARD PARTNERS, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1706 South Semoran Boulevard, Suite 110, Apopka, Florida 32705

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32301  
City, State, and 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 608, F.S..*

*Lynette Coleman*  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Lynette Coleman*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lynette Coleman  
Typed or printed name of signee

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

FILED IN STATE  
SECRETARY OF CORPORATIONS  
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**LIMITED POWER OF ATTORNEY**

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of VANGUARD PARTNERS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 3<sup>rd</sup> day of July, 2000.

*[Handwritten Signature]*

Signature

Ronnie J. Voss

Print Name of Signer

WITNESS:

*Maryse Nara*

Signature

MARYSE NARA

Print Name of Witness

WITNESS:

*Silvia Fernandez*

Signature

Silvia Fernandez

Print Name of Witness