

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L01000003346

Trem & Hansen Holdings, L.L.C.

0

STATE OF FLORIDA  
TALLAHASSEE

01 MAR -5 AM 9:12

FILED

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-03/06/01--01002--009  
\*\*\*\*125.00 \*\*\*\*125.00

- Profit
- Amendment
- Merger
- Nonprofit
- Dissolution/Withdrawal
- Mark
- Foreign
- Reinstatement
- Limited Partnership
- Annual Report
- Other
- LLC
- Name Registration
- Change of RA
- Fictitious Name
- UCC
- Certified Copy
- Photocopies
- CUS
- Call When Ready
- Call If Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

Name \_\_\_\_\_ 3/5/01

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Order#: 0

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

NOT RETURNED TO AGENCY OF FILING

2001 MAR -5 PM 4: 48

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

Handwritten initials and date: 3-5-01

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TREML & HANSEN HOLDINGS, L.L.C.

**ARTICLE II - Address:**

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

7606 W. SAND LAKE ROAD  
ORLANDO, FL 32819

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

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

CT Corporation System  
Name  
c/o CT Corporation System, 1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
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.

CT Corporation System

*Connie Bryan*  
Registered Agent's Signature CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

**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)

*Thomas O. Hansen*  
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.)

THOMAS O. HANSEN  
Typed or printed name of signer

**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)

SECRETARY OF STATE  
FILED  
01 MAR -5 AM 9:42