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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 16

To: Division of Corporations  
Fax Number : (850) 205-0383

AL

From: Account Name : HILL, WARD & HENDERSON, P.A. II  
Account Number : 072100000520  
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LIMITED LIABILITY COMPANY  
HOGAN CLERMONT JOINT VENTURE, LLC

Certificate of Status	1
Certified Copy	1
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**

**OF**

**HOGAN CLERMONT JOINT VENTURE, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 OCT 1 2001

The undersigned executes these Articles of Organization of HOGAN CLERMONT JOINT VENTURE, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

**ARTICLE I. NAME**

The name of the limited liability company is: HOGAN CLERMONT JOINT VENTURE, LLC

**ARTICLE II. ADDRESS**

The mailing and street address of the principal office of the limited liability company is 101 East Kennedy Boulevard, Suite 4000, Tampa, Florida 33602.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The street address of the initial registered office of the limited liability company is 101 East Kennedy Boulevard, Suite 4000, Tampa, Florida 33602, and the name of the Company's initial registered agent at that address is Raymond E. Mills.


*Having been named 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.*

**ARTICLE IV. MANAGEMENT OF COMPANY**

The business of the limited liability company will be managed by managers.

  
\_\_\_\_\_  
Raymond E. Mills

EXECUTED: 10/15/01

  
\_\_\_\_\_  
Raymond E. Mills  
Authorized Representative of Member