

FROM HILL, WARD, HENDERSON, P.A.

**L02000000911**

Sheet: 59721 - 104

Pages: 2

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000010745 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : HILL, WARD & HENDERSON, P.A. II  
Account Number : 072100000520  
Phone : (813)221-3900  
Fax Number : (813)221-2900

**LIMITED LIABILITY COMPANY**

**Hogan Boyette, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 11 PM 12: 24

RECEIVED

**ARTICLES OF ORGANIZATION**  
**OF**  
**HOGAN BOYETTE, LLC**

The undersigned executes these Articles of Organization of HOGAN BOYETTE, 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 BOYETTE, LLC

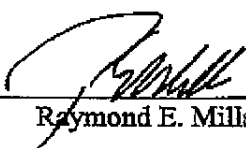
**ARTICLE II. ADDRESS**

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

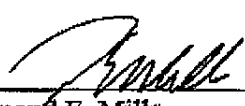
**ARTICLE III. REGISTERED AGENT AND OFFICE**

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.*

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

EXECUTED: 1/11/02

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JAN 11