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

From: **VERA TORRES**
Account Name : LOWMEDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4500
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ARTICLES OF ORGANIZATION AND RETURN TO ME A CERTIFICATION AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER. VERA TORRES

LIMITED LIABILITY COMPANY
RETAIL DEVELOPMENT SPECIALISTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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SECRETARY OF STATE
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11-18-03

**ARTICLES OF ORGANIZATION
OF
RETAIL DEVELOPMENT SPECIALISTS, LLC**

ARTICLE I - NAME


The name of this limited liability company is RETAIL DEVELOPMENT SPECIALISTS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company is 6700 Conroy-Windermere Road, Suite 230, Orlando, Florida 32835.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 6700 Conroy-Windermere Road, Suite 230, Orlando, Florida 32835 and the name of the initial registered agent of the Company at that address is Alan C. Charron.



Signature of an Authorized Representative
of a Member

Alan C. Charron

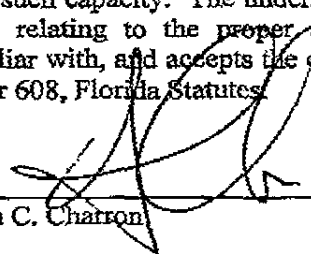
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ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated above, the undersigned hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and represents that he is familiar with, and accepts the obligations of, his position as registered agent as provided for in Chapter 608, Florida Statutes.



Alan C. Charron