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Florida Department of State
Division of Corporations
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RECEIVED
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05 AUG 29
DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 29 AM 10:40

LIMITED LIABILITY COMPANY

golden ocala llc

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
GOLDEN OCALA LLC**

ARTICLE I

The name of the limited liability company shall be: **GOLDEN OCALA LLC**

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

**4000 PONCE DE LEON BLVD.
SUITE 400
MIAMI FLORIDA 33146**

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

The name and address of the initial registered agent is:

**GILBERT A. CONTRERAS ESQ.
4000 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES FLORIDA 33146**

ARTICLE V

The limited liability company is to be managed by a managing member.

The undersigned has executed these Articles of Organization on this 27th day of August, 2005.



GILBERT A. CONTRERAS

05 AUG 29 AM 9:40
TALLAHASSEE, FLORIDA

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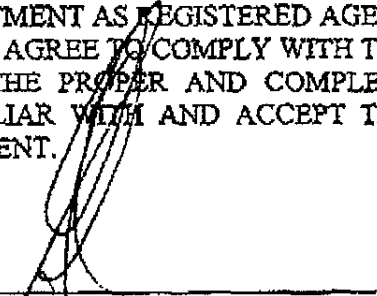
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, **GOLDEN OCALA LLC** desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named **GILBERT A. CONTRERAS**, whose address is **4000 PONCE DE LEON SUITE 400 CORAL GABLES FLORIDA 33146**, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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.

SIGNATURE
Registered Agent



05 AUG 29 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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