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Nicholas Arsali, Ph.D. P.E.

3 Harbour Drive North  
Ocean Ridge, FL 33435  
(561) 740-1320, Fax (561) 740-1319

April 24, 2001

Florida Department of State  
Division of Corporation  
409 East Gaines Street  
Tallahassee, FL 32399

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-05/01/01--01026--019  
\*\*\*\*125.00 \*\*\*\*125.00

Dear Sir or Madam:

Enclosed are:

1. An original and one (1) copy of the articles of organization
2. A check to the Secretary of State for \$125.00 for Filing Fee and Registered Agent Designation.

Thank you for your prompt attention to this matter. If you should have any questions please do not hesitate to call me, (561) 740 - 1320.

Sincerely,

  
Nicholas Arsali

FILED  
APR 25 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

LO1-6865  
AR

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY**

**OF**

**WASHINGTON TRUST, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Article of Organization.

**ARTICLE I – NAME**

The name of the limited liability company shall be: WASHINGTON TRUST, LLC (“Limited Liability Company”)

**ARTICLE II – ADDRESS**

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

**3 Harbour Drive North  
Ocean Ridge, FL 33435**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

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

**Nicholas Arsali  
3 Harbour Drive North  
Ocean Ridge, FL 33435.**

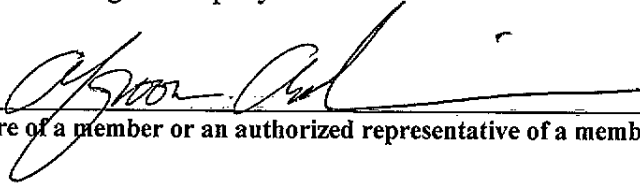
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MAY 25 11 51 AM '08  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DUVAL

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – CAPITAL CONTRIBUTIONS AND OWNERSHIP UNITS**

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager – managed company.



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.)

Afsoon Arsali

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA