

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

L0000000000101

CONTACT: CINDY HICKS

100003087341--7
-01/04/00--01044--009
*****5.00 *****5.00

DATE: 1-4-2000

REF. #: 0163

100003087341--7
-01/04/00--01044--008
****125.00 ****125.00

CORP. NAME: N-PVB, L.L.C.

EFFECTIVE DATE

1-1-00

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

☒ OTHER: Certificate of Status

STATE FEES PREPAID WITH CHECK# 6718 3939 FOR \$ 5.00 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- | | |
|---|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
|---|---|

☒ PLAIN STAMPED COPY

Examiner's Initials

00 JAN -4 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 JAN -4 AM 11:02
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

14-00

**ARTICLES OF ORGANIZATION
OF
N-PVB, L.L.C.**

1. Name. The name of this limited liability company is N-PVB, L.L.C. (the "Company"), and it shall be formed as a limited liability company under Chapter 608 of the laws of the State of Florida.

2. Duration. The Company shall exist commencing on January 1, 2000, and the Company's existence shall be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Principal Office. The mailing address and the street address of the Company's principal office is 430-B Royal Pines Parkway, St. Augustine, FL 32092.

5. Registered Agent and Office. The name of the initial registered agent of the Company is Randolph J. Wolfe. The street address of the initial registered agent of the Company is One Tampa City Center, 201 North Franklin Street, Suite 2200, Tampa, FL 33602.

6. Additional Members. Additional members to the Company may be admitted, but only upon the consent of all of the other members of the Company at the time admission is sought.

7. Management of the Company. The management of the Company shall be vested in the managers of the Company.

8. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization effective as of the 30th day of December, 1999. (In accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

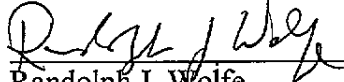
MEMBER:

David L. Lester
David L. Lester

00 JAN -4 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Randolph J. Wolfe

Dated: December 31, 1999

#696426 v1 - 3099-288

APPROVED
AND
FILED
00 JAN -1, PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA