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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

GAIL ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number 072720000036 Phone (407)843-4600

PLEASE ARRANGE FILING OF ARTICLES OF ORGANIZATION WITH AN FEFFECTIVE DATE OF TODAY, AUGUST 7, 2000, AND FOR CERTIFICATE TO ME AS SOON AS POSSIBLE. THANK YOU. GAIL S. ANDRE

# LIMITED LIABILITY COMPANY

SAB, L.L.C.

Certificate of Status	0
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Corporate Filing

#### ARTICLES OF ORGANIZATION

OF

#### SAB, L.L.C.

### ARTICLE I - NAME

The name of this limited liability company is SAB, L.L.C. (the "Company").

## ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 5401 Kirkman Road, Suite 525, Orlando, Florida 32819.

# ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, 2 Orlando, Florida 32801 and the name of the initial registered agent of the Company at that 2 address is Aaron J. Gorovitz.

## ARTICLE IV - MANAGEMENT

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

Signature of a Member or an Authorized Representative of a Member

Suresh Gupta

Typed or Printed Name of Signer

#### 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 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, Florida Statutes.

Aaron J. Gorovitz

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