

Tel: 407-581-9000 -- Fax: 407-581-7777

*[Handwritten signature]*

**Avista StarTechtic Venture Partners, LLC**

5353 Conroy Road, Suite 200

Orlando, Florida 32811

Tel: 407-581-9000 -- Fax: 407-581-7777

VIA OVERNIGHT MAIL

Thursday, September 07, 2000

Tammy Cline  
Registration Section  
Division of Corporation  
409 East Gaines Street  
Tallahassee, Florida 32899  
Tel: 850-487-6020

FILED  
00 SEP 15 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: LIMITED LIABILITY COMPANY

Dear Tammy:

Please find enclosed the signed Articles of Organization and our check for \$105.00.

We greatly appreciate the recording of these documents takes place at the earliest and returning same, together with a Certificate of Status and a copy of the recorded Articles of Organization. For your convenience we have enclosed an overnight Airborne Package with our Account Number, to expedite our receipt of the information.

Thank you for your assistance on this matter.

If you should have any questions, please call me at 407-581-9000 ext. 400.

Yours in Hospitality,  
Avista StarTechtic Venture Partners, LLC



Ajit Nana  
Senior Vice President

**ARTICLES OF ORGANIZATION  
OF  
Avista StraTechtic Venture Partners, LLC.**

**ARTICLE I  
Name**

The name of the limited liability company is Avista StraTechtic Venture Partners, LLC.

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the limited liability company is:

5353 Conroy Road  
Suite 200  
Orlando, Florida 32811

**ARTICLE III  
Registered Agent, Registered Office, & Registered Agent's Signature**

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

Anil Valbh  
5353 Conroy Road  
Suite 200  
Orlando, Florida 32811

*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.*

  
\_\_\_\_\_  
Anil Valbh, Registered Agent

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TALLAHASSEE, FLORIDA

**ARTICLE IV**  
**Management**

The limited liability company is to be managed by one (1) or more managers and is, therefore, a manager-managed company. The initial manager of the limited liability company will be ANIL VALBH.

Dated this 7th day of September, 2000.

  
\_\_\_\_\_  
Anil Valbh, Sole 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.)

FILED  
00 SEP 15 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA