CAPITAL CONNECT 417 E. Virginia Street, Suite 1 • Tallah (850) 224-8870 • 1-800-342-8062 • Bridge part Ray hers	nassee, Florida 32301 Fax (850) 222-1222	06333 70003497357- -12/12/00010540 ****125.00 *****12	
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Courier_

Will Pick Up

Walk-In _

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: Bridgeport Partnership, LLC

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 1420 Westbrook, Sarasota, FL 34231

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be Perpetual

ARTICLE IV MANAGEMENT

(check and complete the appropriate statement)

X The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Gary Brown whose address is 1420 Westbrook, Sarasota, FL 34231

Robert J. Martin whose address is 7840 Professional Place, Tampa, FL 33637

N/A The Limited Liability Company is to be managed by the members and the name and address of the managing member is/are N/A

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

no person may be admitted as a member of the Limited Liability Company unless each member consents in writing to the admission of the additional member

ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

only if the remaining members vote unanimously to continue the Limited Liability Company's business

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this __/_ day of December, 2000, as authorized representative of the members and managers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Bridgeport Partnership, LLC
- 2. The name and address of the registered agent and office is:

Jefferson F. Riddell, Esq. 3400 S. Tamiami Trail Sarasota, FL 34239

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.