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To:

Division of Corporations  
Fax Number : (850) 922-4003

From:

Account Name : MICHAEL A. PYLE, P.A.  
Account Number : I200000000053  
Phone : (904) 615-9007  
Fax Number : (904) 676-2615

AL

**LIMITED LIABILITY COMPANY**

**Two of a Kind Properties, LLC**

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**ARTICLES OF ORGANIZATION**  
**OF**  
**TWO OF A KIND PROPERTIES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I. NAME**

The name of the Limited Liability Company is: Two of a Kind Properties, LLC

**ARTICLE II. ADDRESS**

The street address and the mailing address of the principal office of the Company is: 290 Clyde Morris Blvd., B2, Ormond Beach, Florida 32174.

**ARTICLE III. REGISTERED OFFICE AND AGENT**

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

Michael A. Pyle  
1265 W. Granada Blvd., Suite 1  
Ormond Beach, Florida 32174

**ARTICLE IV. MANAGEMENT**

This company is to be a manager-managed company.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 5th day of January, 2001.

  
\_\_\_\_\_  
Michael A. Pyle  
Authorized Representative

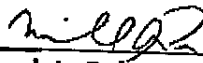
(In accordance with Section 608.408(2), *Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, *Florida Statutes*.

  
\_\_\_\_\_  
Michael A. Pyle  
Registered Agent

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