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Division of Corporations

Florida Department of State

Division of Corporations . Public Access System Katherine Harris, Secretary of State

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From:

Account Name

: ROGERS, TOWERS, BAILEY, ET AL

Account Number: 176666002273

: (904)398-3911

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LIMITED LIABILITY COMPANY

Northside Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION NORTHSIDE PARTNERS, LLC

<u>ARTICLE I - NAME</u>

The name of this Limited Liability Company is NORTHSIDE PARTNERS, LLC (the "Company").

ARTICLE II - ADDRESS

The address of the principal office and the mailing address of the Company is 9390 Lem Turner Road, Jacksonville, Florida 32208.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 10010 Belle Reve = Boulevard, Jacksonville, Florida 32256, and the name of its initial registered agent at such address is Robert L. Releford.

ARTICLE IV .. MANAGEMENT OF THE COMPANY

The Company will be member-managed.

IN WITNESS WHEREOF, the undersigned person has executed these Articles of Organization this 31 day of January, 2001.

NORTHSIDE PARTNERS, LLC

Michael A. Wodrich

Authorized Representative of a Member

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

NORTHSIDE PARTNERS, LLC

2. The name and address of the registered agent and office are:

Robert L. Releford 10010 Belle Rive Boulevard Jacksonville, Florida 32256

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PEACED DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. IFURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPERTY COMPLETE PERFORMANCE OF MY DUTIES, AND I AMFAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Robert L. Releford

Date: 1-16-01