CT CORPORATION SYSTEM

CORPORATION(S) NAME	LUIUU	
Treml & Hansen Holdings, L.I	<u></u>	
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() Nonprofit		()) ()-
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	() Reinstatement	() Other
() Limited Partnership	() Annual Report	() Change of RA
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() Certified Copy () Call When Ready	() Call If Problem	() After 4:30 (x) Pick Up
() Certified Copy () Call When Ready (x) Walk In () Mail Out	() Call If Problem	() After 4:30 (x) Pick Up
() Certified Copy () Call When Ready (x) Walk In () Mail Out Name	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up Order#: 0 Order#: 0 Order#: 0
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITE. LIABILITY COMPANY

The name of the Limited Liability Company is:
TREME & HANSEN HOLDINGS, L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
7606 W. SAND LAKE ROAD
ORLANDO, FL 32819
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
C T Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Eux <u>NOT</u> acceptable) Plantation FL 33324
City, State, and Zip
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 C T Corporation System
Registered Agent's Signature CONVIE BRYAN SPECIAL ASSISTANT SECRETARY
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
hono (). Hause
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florids Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
THOMAS O. HANSEN Typed or primed name of signee
Typed or printed name of signee
FILING FEES: \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL)

ARTICLE I - Name: