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|--|---|---|---|-----------|-------------------|-----------|----------|---------------------------------------|-------|-----------------------|--|--|
|  | •   |   | ACCOUNT NO                                    | . :       | 07210000          | 0032      |          | •                                     |       |                       |  |  |
|  |   |   | REFERENC                                      | ፰ :       | 123997            | 7269005   |          |                                       |       | -                     |  |  |
|  |   |   | AUTHORIZATIO                                  | ₹: ₹      | Potri             | Va Pinist | <u> </u> |                                       |       |                       |  |  |
|  |   |   | COST LIMI                                     | Г:        | \$ 125.00         | ac ingui  | O        |                                       |       |                       |  |  |
|  |   |   | : April 22,<br>: 1:51 PM                      | 200       | )1                |           |          | · · · · · · · · · · · · · · · · · · · |       |                       |  |  |
| (  | ORDER N   | ю.  | : 123997-00                                   |           |                   | -         |          | -                                     | 0     |                       |  |  |
| (  | CUSTOMER NO                                     |   | 726900  | 5         |                   |           |          |                                       |       |                       |  |  |
| (0   |   |   | Mr. E. Morell<br>Mr. E. Morell                |           |                   |           | -        | TARY (                                | ¥ 7   |                       |  |  |
| TATE<br>ATTON  | 44 44 44 44 44 44 44 44 44 44 44 44 44          |   | Po Box 2635                                   |           |                   |           |          | )F \$17,<br>, FL01                    | AM 8: |                       |  |  |
|  | E E   | : 우.<br>-   | Riverview, FI                                 | . 3       | 3568-2635         |           |          | ALIDA<br>ALIDA                        |       |                       |  |  |
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| PRANSION NEIGH   | 2001 NAY  | NAME  | : ALLIED<br>DEVELOR                           |           | ERNATIONAL<br>LLC | 5         |          |                                       |       |                       |  |  |
| _  |   |   | EFFECTI                                       | VE :      | DATE:             |           | 800004   | 41403                                 | 98-   | 3                     |  |  |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION |   |   |   |           |                   |           |          | 1                                     |       |                       |  |  |
| F  | PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |   |   |           |                   |           |          | 4.6                                   |       |                       |  |  |
| <del>-</del>   | XX  | PLA]  | FIFIED COPY<br>IN STAMPED CO<br>FIFICATE OF G | PY<br>OOD | STANDING          |           |          |                                       |       | -                     |  |  |

Sandra Mathis - EXT. 1165
EXAMINER'S INITIALS:

CONTACT PERSON:

58-01

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALLIED INTERNATIONAL DEVELOPERS LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

P.O. BOX 2635, RIVERVIEW, FLORIDA 33568-2635

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

| E. MORELL  |          |  |  |  |  |
|--|----------|--|--|--|--|
| Name   |          |  |  |  |  |
| 8210 ADAMO                                       | DRIVE -  |  |  |  |  |
| Florida street address (P.O. Box NOT acceptable) |          |  |  |  |  |
| TAMPA  | FL 33600 |  |  |  |  |
| 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..

Registered Agent's Signature

| Article IV - N | Management ( | (Check | box if | appli | cable | (.ز |
|----------------|--------------|--------|--------|-------|-------|-----|
|----------------|--------------|--------|--------|-------|-------|-----|

| 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.  | <i>≟</i> : | 0       |     |
|  | 23         |         | •   |
|  | <b>F</b>   |         |     |
|  | TAR<br>ASS | 1       |     |
| (An additional article must be added if an effective date is requested)            | RY O       | 7       | = 2 |
|  | -          | <u></u> | m   |
| Si S   | T S        |         |     |
| Signature of a member or an authorized representative of a member.                 | 92         | ထဲ      |     |
| V'   |            | -       |     |

(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.)

Lynette R. Coleman

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)

\$ 5.00 Certificate of Status (Optional)

# ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN THE ARTICLES OF INCORPORATION

E. MORELL, an individual residing in this state, having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation of:

## ALLIED INTERNATIONAL DEVELOPERS LLC

E. MORELL is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By:

Typed Name: E. MOREI

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#### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of ALLIED INTERNATIONAL DEVELOPERS LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this day of

Signature

E. MORELL

Print Name of Signer

WITNESS:

Signature

MARIA G. BEAS-MORE

Print Name of Witness

FL LLC D-:LIMITED POWER OF ATTORNEY 04/00 (FLLLCATT)

### MEMBER LIST OF ALLIED INTERNATIONAL DEVELOPERS LLC

E. MORELL
P.O. BOX 2635
RIVERVIEW, FLORIDA 33568-2635

CHESTER H. KURTZ, II 6742 MANGROVE WESLEY CHAPEL, FLORIDA 33544

scm

APPRUVES AND FILED 01 MAY -7 AM 8: 12 SECRETARY OF STATE