

GRAY, HARRIS & ROBINSON

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW
SUITE 600
301 SOUTH BRONOUGH STREET
POST OFFICE BOX 11189
TALLAHASSEE, FL 32302-3189

TELEPHONE 850-222-7717
FAX 850-222-3494
WEBSITE: www.ghrnlaw.com

E-MAIL ADDRESS

LD1000001211B

RECEIVED
01 JUL 24 AM 10:20
DIVISION OF CORPORATION

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

Via Hand Delivery

To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and fees to obtain a **CERTIFIED COPY** of the **ARTICLES OF ORGANIZATION** for the following entity:

TUSKAWILLA OFFICE PARK, LLC

200004493432--9
-07/24/01--01039--015
******155.00 ****155.00**

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,

Jill May

Jill W. May, Paralegal

/jwm
Enclosures

**REMOVED
AND
FILED**
01 JUL 24 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1042401



CLERMONT

LAKELAND

MELBOURNE

ORLANDO

TAMPA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **TUSKAWILLA OFFICE PARK, LLC**

ARTICLE II - Address:

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

800 WESTWOOD SQUARE
SUITE E
OVIEDO, FL 32765

ARTICLE III - Registered Agent, Registered Office, & Registered Agent=s Signature:

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

MICHAEL E. NEUKAMM

Name

301 E. PINE STREET, SUITE 1400

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO, FL 32801

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..

Michael E. Neukamm

Registered Agent=s Signature

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)

William E. Barrett
Signature of a member or an authorized representative of a member.

(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.)

WINDSWEPT J.D.I. INC., a Member, By: William E. Barrett, President

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)

01 JUL 24 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED