| ACCOUNT NO. : 072100000032 REFERENCE : 762462 10991A AUTHORIZATION : COST LIMIT : \$ PPD CUS MUC ORDER DATE : September 27, 2002 ORDER TIME : 11:06 AM ORDER NO. : 762462-005 CUSTOMER NO. : 762462-005 CUSTOMER NO. : 10991A CUSTOMER NO. : 10991A CUSTOMER A. Faxon Henderson, Jr., Esq A. Faxon Henerson, Jr. Suite 206 12773 W. Foreset Hill Blvd. Wellington, FL 33414 DOMESTIC FILING NAME: LILY LIMITED LIABILITY COMPANY EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS FROOF OF FILING: CERTIFICATE OF GOOD STANDING CONTACT PERSON: Sara Lea - EXT. 1114 EXAMINER'S INITIALS: | CSC LO20002543 | 3 |
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| ORDER DATE : September 27, 2002 ORDER TIME : 11:06 AM ORDER NO. : 762462-005 CUSTOMER NO: 10991A CUSTOMER: A. Faxon Henderson, Jr., Esq A. Faxon Henerson, Jr. Suite 206 12773 W. Forest Hill Blvd. Wellington, FL 33414 DOMESTIC FILING NAME: LILY LIMITED LIABILITY COMPANY EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX CERTIFICATE OF GOOD STANDING CONTACT PERSON: Sara Lea - EXT. 1114 EXAMINERY S INITIALS. | REFERENCE : 762462 10991A AUTHORIZATION : | 19 1/27 FULC |
| 12773 W. Forest Hill Blvd. Wellington, FL 33414 DOMESTIC FILING NAME: LILY LIMITED LIABILITY COMPANY EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX CERTIFICATE OF GOOD STANDING CONTACT PERSON: Sara Lea - EXT. 1114 EXAMINER'S INITIALS. | ORDER TIME : 11:06 AM ORDER NO. : 762462-005 CUSTOMER NO: 10991A CUSTOMER: A. Faxon Henderson, Jr., Esq A. Faxon Henerson, Jr. | -09/27/0201057020 |
| | 12773 W. Forest Hill Blvd. Wellington, FL 33414 DOMESTIC FILING NAME: LILY LIMITED LIABILITY COMPANY EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING CONTACT PERSON: Sara Lea - EXT. 1114 | ZT MILLAHASSE |

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ARTICLES OF ORGANIZATION OF LILY LIMITED LIABILITY COMPANY

The undersigned member, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

ARTICLE I NAME OF LIMITED LIABILITY COMPANY

The name of this limited liability company is Lily Limited Liability Company.

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office of this limited liability company is 12773 West Forest Hill Boulevard, Suite 206, Wellington, Florida 33414.

ARTICLE III REGISTERED OFFICE AND AGENT

The name and street address of this limited liability company's initial registered agent for service of process in the State of Florida is: $\frac{1}{2} \frac{1}{2} \frac{1}{2}$

A. Faxon Henderson, Jr.

12773 West Forest Hill Boulevard, Suite 206 Wellington, Florida 33414.

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ARTICLE IV MANAGEMENT

This limited liability company will be a manager-managed company.

ARTICLE V PERIOD OF DURATION

This limited liability company shall have perpetual existence.

The undersigned member has executed these Articles of Organization this day of September, 2002.

CLARISSA ECHEZARAETA, Member

CERTIFICATE PURSUANT TO SECTION 608.408(3) OF THE FLORIDA LIMITED LIABILITY COMPANY ACT

On September <u>26</u>, 2002, the undersigned member of Lily Limited Liability Company has executed this Certificate to constitute an affirmation by the undersigned, under the penalties of perjury, that the facts stated in the foregoing Articles of Organization are true.

CLARISSA ECHEZARRETA, Member

STATEMENT OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED 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: Lily Limited Liability Company
- 2. The name and street address of the registered agent and office is:

A. Faxon Henderson, Jr. 12773 West Forest Hill Boulevard, Suite 206 Wellington, Florida 33414

Having been named as registered agent and to accept service of process for the above-named 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.

A. FAXON HENDERSON, JR.

septente do 2002

(Date)