0200025 APISION OF CORPORATION

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : AKERMAN SENTERFITT & EIDSON

Account Number: 076656002425 Phone ____ : (407)843-7860

Fax Number : (407)843-6610_

LIMITED LIABILITY COMPANY

INDIEVELD ADVENTURES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00





FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

02 OCT -2 PH 4: 46 JIVISION OF CORPORATION

October 2, 2002

AKERMAN SENTERFITT & EIDSON

SUBJECT: INDIEVELD ADVENTURES, LLC

REF: W02000028546

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please include the name of your regsitered agent in Article V.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

FAX Aud. #: H02000206848 Letter Number: 702A00055537

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY INDIEVELD ADVENTURES, LLC

ARTICLE I - Name

The name of the Limited Liability Company is: InDieVeld Adventures, LLC

ARTICLE II - Address

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

2600 Maitland Center Parkway, Suite 340 Maitland, FL 32751

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the Members.

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is: 2600 Maitland Center Parkway, Suite 340, Maitland, FL 32751

Jerome P. McCauley

(Date)

Name: Jerome P.

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(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.)

REGISTERED AGENT ACCEPTANCE

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.

[AGENT NAME]

Name:

O/02/03 (Date)

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