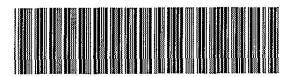
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TALI AHASSEE, FLORIDA

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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03 JAN 14 ANTI: 39

AL

CT CORPORATION

FILED 03 JAN 14 PH 2: 24

TALLAMASSEE, FLORIDA

January 14, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5764469 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Bluebill Properties, LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

03 JAN 14 PM 2: 24

ARTICLE I - Name:

The name of the Limited Liability Company is: Bluebill Properties, LLC

TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 530 Oak Court Drive, Suite 360, Memphis, TN 38117

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 Sys	stem
_		Name
	c/o C T Corporation	System,1200 South Pine Island Road
	Florida st	reet address (P.O. Box NOT acceptable)
, .	Plantation	FL 33324
		City, State, and Zip
liability compa registered ager statutes relatin	ny at the place designant at and agree to act in th g to the proper and con	nt and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S. tion System Registered gent's Si pature
	John J Linnil	•
	(An additional article	nan, Asst. VP e must be added if an effective date is requested)
	Signature of a mem	ber or an authorized representative of a member.
		n section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury I herein are true.)
		Karen M. Ray, Organizer
		Typed or printed name of signee
	\$ 25.00 Des	Filing Fees: ng Fee for Articles of Organization ignation of Registered Agent tified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)