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| (Re | equestor's Name) | |
|-------------------------|---------------------|-----------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| <u>.</u> | | |

Office Use Only



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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

| Account Number | FCA00000017 | 3 |
|------------------------------------|--|-------------------------------------|
| Reference: (Sub Account) | | |
| Date: | 6 19 03 | |
| Requestor Name: | Carlton Fields | Ser 15 |
| Address: | Post Office Drawer 190 Tallahassee, Florida 32302 | · |
| Telephone: | (850) 224-1585 | |
| Contact Name: | Kim Pullen, CLA (x261) | |
| Corporation Name: | Double 5 R | anch, LLC |
| Entity Number: Authorization: | Kini Pue | len |
| Certified Copy New Filings | Plain Stamped Copy | Certificate of Status Annual Report |
| Fictitious Name | Amendments | Registration |
| (X)Call When Ready | (X) Call if Problem | () After 4:30 |
| (X)Walk In | () Will Wait | (X) Pick Up |
| CF Internal Use Only Client: 47903 | Matter: 19192 Office: TPA | ANTIFESTINA PLANCED |

TAL#501656.1

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

| Account Number | FCA00000017 | 20 | |
|--|--|--|--|
| Reference: (Sub Account) | | - 15 S | |
| Date: | 6 19 03 | | |
| Requestor Name: | Carlton Fields | | |
| Address: | Post Office Drawer 190 Tallahassee, Florida 32302 | | |
| Telephone: | (850) 224-1585 | | |
| Contact Name: | Kim Pullen, CLA (x261) | | |
| Corporation Name: | Double 5 R | anch, LLC | |
| Entity Number: | 1) . 6 | | |
| Authorization: | Km Hel | len | |
| Certified Copy New Filings Fictitious Name | Plain Stamped Copy Amendments | Certificate of Status Annual Report Registration | |
| (X) Call When Ready | (X) Call if Problem | () After 4:30 | |
| (X) Walk In | ()Will Wait | (X) Pick Up | |

CF Internal Use Only

Client: <u>47903</u> Matter: <u>14142</u>

Name: **740** Mestron Office: **PA**

ARTICLES OF ORGANIZATION OF DOUBLE S RANCH, LLC

The undersigned, acting as the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I Name

The name of the Company is DOUBLE S RANCH, LLC.

ARTICLE II Principal Office and Mailing Address

The principal office and mailing address of the Company are: 777 Harbour Island Boulevard, Tampa, Florida 33602

ARTICLE III

Initial Registered Agent and Office

The street address of the initial registered office of the Company is 777 South Harbour Island Boulevard, Tampa, Florida 33602 and the initial registered agent is CFRA, LLC.

ARTICLE IV Organizing Member

The name and address of the member of the Company executing these Articles of Organization are:

<u>Name</u>

Address

Michael J. Nolan

777 South Harbour Island Boulevard Tampa, Florida 33602

ARTICLE V Management

The Company shall be a manager-managed company.

Dated this 18th day of June, 2003.

; <u>/------</u>

Michael J. Nolan, Initial Member

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for DOUBLE S RANCH, LLC, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete operformance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 18th day of June, 2003.

REGISTERED AGENT:

CFRA, LLC, a Florida limited liability company

Michael I Nolan