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(Requestor's Name)

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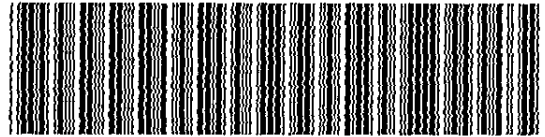
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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 155519 4727217

AUTHORIZATION :

COST LIMIT : \$ 155.00

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03 JUL -2 PM 1:16  
TALLAHASSEE, FLORIDA

ORDER DATE : July 2, 2003

ORDER TIME : 9:58 AM

ORDER NO. : 155519-005

CUSTOMER NO: 4727217

CUSTOMER: Ms. Pat Austin  
Salem Saxon, P.a.

Suite 3200, Bank Of America  
101 East Kennedy Boulevard  
Tampa, FL 33602

DOMESTIC FILING

NAME: LIPPINCOTT INVESTMENT  
PROPERTIES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF LIPPINCOTT INVESTMENT PROPERTIES, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name**

The name of the limited liability company is Lippincott Investment Properties, LLC.

**ARTICLE II – Address**

The mailing address and street address of the principal office of the limited liability company is:

4903 New Providence Avenue  
Tampa, FL 33629

**ARTICLE III – Duration**

The period of duration for the limited liability company shall be perpetual.

**ARTICLE IV – Management**

The limited liability company is a member-managed company and the name and address of the managing member is:


Olin G. Lippincott Revocable Living Trust dated November 2, 2000  
4903 New Providence Avenue  
Tampa, FL 33629

**ARTICLE V – Registered Agent**

The registered agent of the limited liability company shall be, until otherwise designated, Bernice S. Saxon, Esq., of Salem Saxon, P.A., whose office is located at 101 E. Kennedy Boulevard, Suite 3200, Tampa, Florida 33602.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 27 day of June, 2003.

Authorized Member:



Olin G. Lippincott, as Trustee of the Olin G. Lippincott  
Revocable Living Trust dated November 2, 2000

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TAMPA, FLORIDA  
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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, FLORIDA STATUTES.

SIGNATURE: \_\_\_\_\_

Bernice S. Saxon, Esq.  
(REGISTERED AGENT)

DATE: \_\_\_\_\_

7/1, 2003