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CORPORATION NAME: Avalon Govenor, LLC

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(if applicable)

AUTHORIZATION: Cynthia J. Woodyard 125.

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Avalon Governor, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company

is: Street: **435 21st Street, Miami Beach, FL**  
Mailing: **1298 Prospect Street, Suite 2B, La Jolla, CA 92037**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee, FL 32301  
City, State, and Zip

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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, F.S.*

Corporation Service Company

By: *Mary Jo Parola, Assistant Vice President*  
Registered Agent's Signature

Avalon Governor, LLC

By: Avalon South Beach Holdings, LLC  
By: Avalon Capital Group, Inc.

By: *Rose Ann Ignell*  
Signature of a member or an authorized representative of a member.

(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.)

Rose Ann Ignell, Secretary  
Typed or printed name of signee