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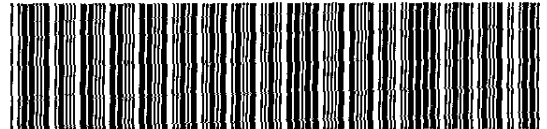
(Business Entity Name)

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2003 SEP 10 PM 3:46  
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TALLAHASSEE, FLORIDA

J. BRYAN SEP 10 2003

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Twine Rivers Commercial  
Development, LLC

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\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
✓ \_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
✓ \_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: AW 9/10

Name

Date

Time

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
TWIN RIVERS COMMERCIAL DEVELOPMENT, L.L.C.**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

1. **Name.** The name of this limited liability company is **TWIN RIVERS COMMERCIAL DEVELOPMENT, L.L.C.** ("Company").

2. **Duration.** The Company shall exist from the date of filing these Articles with the Department of State until the occurrence of any of the events specified in Florida Statutes Section 608.441, unless continued by the unanimous consent of all of the remaining members.

3. **Mailing Address and Street Address.** The Company's mailing address is 120 N. Central Avenue, Oviedo, Florida 32765. The Company's street address is 120 N. Central Avenue, Oviedo, Florida 32765.

4. **Registered Agent and Office.** The name of the initial registered agent of the Company is H.O. Boxley. The street address of the initial registered agent of the Company is 120 N. Central Avenue, Oviedo, Florida 32765.

5. **Additional members.** Additional members to the Company may be admitted, but only if all the current members agree to the admission of the additional members and to the terms of admission.

6. **Termination of Membership.** If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may, by unanimous written agreement, continue the business of the Company.

7. **Management of the Company.** The management of the limited liability company is reserved to the members. The following persons will initially be managing members:

**Name and Address**

H.O. Boxley  
120 N. Central Avenue  
Oviedo, Florida 32765

8. **Regulations.** The members shall have the power to adopt, alter, amend, or repeal regulations of the Company containing provisions for the regulation and management of the affairs of the Company.

9. **Date of Existence of the Company.** The existence of the Company shall commence on the date of filing the Articles of Organization by the Florida Department of State.

The undersigned executed these Articles of Organization effective as of September 10, 2003.

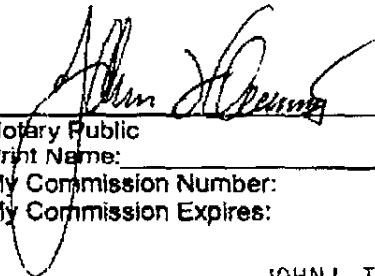
  
H. O. BOXLEY, Member

  
JOHN J. JONES, Member

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2003 SEP 10 PM 3:41  
JULY 14, 2003  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me, this 10 day of September, 2003, by  
H. O. BOXLEY and JOHN J. JONES who ( ) are personally known to me or who ( ) have produced  
\_\_\_\_\_ as identification.

  
\_\_\_\_\_  
Notary Public  
Print Name: \_\_\_\_\_  
My Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

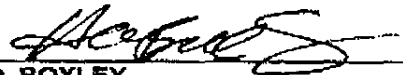
JOHN L. THOMAS, II  
Notary Public, State of Florida  
My comm. exp. Mar. 11, 2007  
Comm. No. DD 184485

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ACCEPTANCE OF REGISTERED AGENT**

Having been named in Paragraph 4 as Registered Agent to accept service of process for this Limited Liability Company at the place designated in Paragraph 4, 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.

Dated: 10 day of September, 2003.

  
H. O. BOXLEY

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