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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street

FILED

03 DEC -2 AM 9:31 Division of Corporations

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

LAHASSEE, FLORIDA

ALLS	١;.
Warne of Limited Liability Company)	•
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
B. Michael Kalin (Name of Person)	
Bel-Aire Commercial Construction, Inc. (Firm/Company)	
2300 Lee Road (Address)	
Winter Park, Fl 32789 (City/State and Zip Code)	
Cor further information concerning this matter, please call:	
B. Michael Kalin at (407) 644-0200 (Name of Person) (Area Code & Daytime Telephone Number)	-
STREET ADDRESS: Registration Section Registration Section	

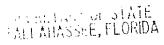
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

03 DEC -2 AM 9: 31

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hogtown Properties of Gainesville, LLC



ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2300 Lee Road	2300 Lee Road
Winter Park, Fl 32789	Winter Park, FL 32789
-	
ARTICLE III - Registered Agent, Registe	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	he registered agent are:
Richard A.	Dye
Na	ame
2300 Lee R	oad
Florida street address	(P.O. Box NOT acceptable)
Winter Park	FL 32789
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capa statutes relating to the proper and complete p	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature

	nager(s) or Managir ess of each Manager o	ng Member(s): or Managing Member is as follows	s: FIL	ED	
Title:		Name and Address:	03 DEC -2	AM	9: 31
"MGR" = Manager "MGRM" = Manage	ing Member		1411A13	,, EE, F	JIATE LORIDA
MGRM		Bel-Aire Commercial Cons 2300 Lee Road Winter Park, FL 32789		Inc.	
			•		
(Use attachment if r	• •	added if an effective date is requ			
REQUIRED SIGN					
	(In accordance with section of this document constitution that the facts stated hereion B. Mice	or an authorized representative of a monon 608.408(3), Florida Statutes, the executes an affirmation under the penalties of in are true.) Chael Kalin, VP/CFO end or printed name of signee	ution		
		Filing Fees: \$100.00 Filing Fee for Articles of Orga \$ 25.00 Designation of Registered Age \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	nt		