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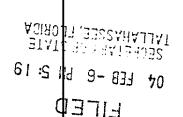


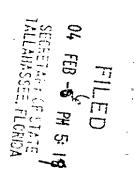
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Special Instructions to Filing Officer:

Office Use Only







## CAPITAL CONNECTION, INC.

AND THE PARTY OF T

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

Orlando Partners	
f <sub>i</sub>	
	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 / Withdr
	Annual Report / Rei
	Cert. Copy
	Photo Copy
	Certificate of Good
	Certificate of Status
	Certificate of Fictitie
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Se.
-	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
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Date

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	LTD Partnership File	
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	Trade/Service Mark	
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	Art. of Amend. File	
	RA Resignation	_
	Dissolution / Withdrawal	
	Annual Report / Reinstatement	
	Cert. Copy	-
	Photo Copy	
1	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	_

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE PASSE RIGHT

## ARTICLE I - Name:

The name of the Limited Liability Company is

ORLANDO PARTNERS, LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company are:				
Principal Office Address:	Mailing Address:			
1609 Hackney Avenue	1609 Hackney Avenue			
Orlando, Florida 32806	Orlando, Florida 32806			
ARTICLE III - Registered Agent, R The name and the Florida street addres	T07-1-15			
Florida	KNEY AVENUE street address (P.O. Box NOT acceptable)			
ORLANDO	City, State and Zip			

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.

Redistered Agent's Signature

Title: "MGR" = Manager "MGRM" = Managing	Name and Address:  Member
MGRM	Jeffrey T. Kiser
	1609 Hackney Avenue
	Orlando, Florida 32806
REQUIRED SIGNAT	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.)
Jeffi	rey T, Kiser
	Typed or printed name of signee

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)