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Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

**GAIL S. ANDRE**  
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (407)843-4444

**PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.**

**LIMITED LIABILITY COMPANY**

**TRIPLE C VENTURES, LLC**

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**ARTICLES OF ORGANIZATION  
OF**

**TRIPLE C VENTURES, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is TRIPLE C VENTURES, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

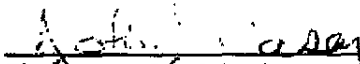
The mailing address and the street address of the principal office of the Company is 2020 S.W. 42<sup>nd</sup> Place, Ocala, Florida 34474.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 2020 S.W. 42<sup>nd</sup> Place, Ocala, Florida 34474, and the name of the initial registered agent of the Company at that address is John J. Casey.

**ARTICLE IV - MANAGEMENT**

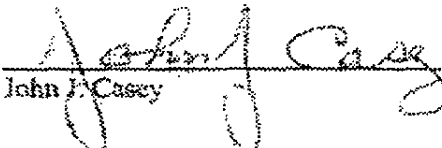
The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

  
\_\_\_\_\_  
Signature of a Member or an Authorized  
Representative of a Member

John J. Casey  
\_\_\_\_\_  
Typed or Printed Name of Signer

**ACCEPTANCE OF REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated above, the undersigned hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and represents that he is familiar with, and accepts the obligations of, his position as registered agent as provided for in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
John J. Casey

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