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LIMITED LIABILITY COMPAN

MANTOVANI FAMILY, LLC

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ARTICLES OF ORGANIZATION

OF

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MANTOVANI FAMILY, LLC

The undersigned hereby present these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is MANTOVANI FAMILY, LLC

ARTICLE II

PRINCIPAL OFFICE

The mailing address of the Limited Liability Company is Post Office Box 33719, Palm Beach Gardens, Florida 33420-3719 and the street address of the principal office of the Limited Liability Company is 764 Harbour Isles Court, Palm Beach Gardens, Florida 33410.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the execution and acknowledgment of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

ARTICLE V

MANAGEMENT

The Limited Liability Company is to be a manager-managed company.

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ARTICLE VI

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INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENTSECRETARY OF STATE TALLAHASSEF, FLORIDA
The street address of the initial registered office of the Limited Liability Company is 301.

East Pine Street, Suite 1400, Orlando, Florida 32801 and the name of the Initial registered agent of the Limited Liability Company at that office is Phillip R. Finch.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member, has executed these Articles of Organization this 177th day of

ROBERT JEBERTRAND

STATE OF FLORIDA COUNTY OF POLK

The foregoing Articles Of Organization were acknowledged before me this A

, 2004, by ROBERT J. BERTRAND, who is personally known to me.

Official Seal

H. MARGARET DASINGER

Notary Public, State of Florida

My comm. expens June 26, 2006

(Printed Name)
My commission expires:

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CERTIFICATE OF DESIGNATION

OF

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SECRETARY OF STATE REGISTERED AGENT/REGISTERED OFFICE AHASSES, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

- (a) The name of the Limited Liability Company is: MANTOVANI FAMILY, L.L.C.
- (b) The name and street address of its initial registered agent and initial registered office is:

Phillip R. Finch, Esquire 301 East Pine Street, Suite 1400 Orlando, Florida 32801

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.

PHILLIP R. FINCH
Date: May 14, 2004