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Division of Corporations **::** (850)205~0383 Fax Number : CUMMINGS & LOCKWOOD Account Name Account Number: 102336001100 Phone : (239)649-3186 Fax Number : (239) 263-0703

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# **FMC NORMANDY LLC**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

#### FMC NORMANDY, LLC

ARTICLE I

The name of this Limited Liability Company is FMC NORMANDY, LLC (the "Company").

### ARTICLE II Address

The mailing address and street address of the principal office of the Company is

275 S. Maple Avenue South San Francisco, CA 94080

ARTICLE III
Registered Office and Agent

The name and the Florida street address of the registered agent are:

CLASP Inc. 3001 Tamiami Trail North, 4th Floor Naples, Florida 34103

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, F.S.

CLASP Inc. Registered Agent

Scott W. Duval, Vice President

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## ARTICLE IV

The period of duration for the Company is perpetual.

#### ARTICLE V Management

The Company is to be managed by one or more managers. The name and address of the initial manager of the Company are as follows:

Fergus M. Coyle 275 S. Maple Avenue South San Francisco, CA 94080

Dated this 19 day of July 2004.		TON JIM
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Scott W. Duval, authorized agent		.? .?

(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.)

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