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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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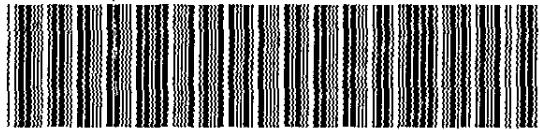
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEPT. OF STATE  
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TALLAHASSEE, FLORIDA

*[Handwritten signature]*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 867065 80573A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : August 30, 2004

ORDER TIME : 10:06 AM

ORDER NO. : 867065-005

CUSTOMER NO: 80573A

CUSTOMER: Mr. Brent Jenkins  
Millis & Jenkins

Suite 4  
1414 West Granada Boulevard  
Ormond Beach, FL 32174

DOMESTIC FILING

NAME: FOOTHILLS RETREAT, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
FOOTHILLS RETREAT, LLC.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

Article I - Name

The name of the liability Company shall be: FOOTHILLS RETREAT, LLC.

Article II - Address

The mailing address and street address of the principal office of the company is: 164 River Oaks Circle, Sanford, FL 32771.

Article III - Duration

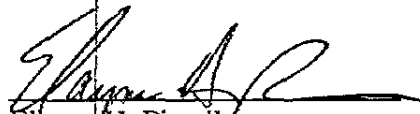
The company shall have perpetual existence.

Article IV - Registered Office and Agent

The name and street address of the registered office and registered agent's are:


Elayne H. Pisarik  
164 River Oaks Circle  
Sanford, FL 32771

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.

  
Elayne H. Pisarik  
Registered Agent

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SECRETARY OF STATE

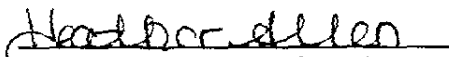
IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ormond Beach, Florida, on August 23, 2004.

  
Elayne H. Pisarik

Sworn to and subscribed before me this  
23<sup>rd</sup> day of August, 2004 by Elayne  
H. Pisarik, who is personally known to me - or -  
who produced \_\_\_\_\_  
as identification.



Heather Allen  
My Commission DD275551  
Expires January 07, 2005

  
Notary Public, State of Florida  
My Commission expires: