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### CAPITAL CONNECTION, INC.

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

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## ARTICLES OF ORGANIZATION ABOVE IT ALL PROPERTIES, LLC

The undersigned, being authorized to execute and file these Articles of Organization Figure 1

#### ARTICLE I -- Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Above It All Properties, LLC

#### ARTICLE II -- Address:

The mailing address and street address of the principal office of the Company is: 1409 NE 22<sup>nd</sup>. Avenue, Ocala, FL 34470.

#### ARTICLE III - Registered Agent:

The name and the Florida street address of the initial registered agent are: <u>Philip J. Olstein, 1409</u> NE 22<sup>nd</sup> Avenue. Ocala. FL 34470.

#### ARTICLE IV - Management:

The Company is to be managed by the members.

certifies that:

#### ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

#### ARTICLE VI --- Operating Agreement

Any Operating Agreement (as defined in Section 608.402(24) of the Act), relating to this Limited Liability Company must be in writing and signed by all of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 4 day of 2001.

'HILIP J. OKSTI

| man .<br>Haya  |
|--|
| I, PHILIP J. OLSTEIN, accept the office of Registered Agent. I am located at 1409 NE 22 <sup>nd</sup>  |
| Avenue, Ocala, FL 34470, the registered office of this corporation.  |
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| the state of the s |
| Paristand Kolond   |
| Registered Agent   |
| STATE OF FLORIDA   |
| COUNTY OF MARION   |
| COOMEDIMARION  |
| The foregoing instrument was acknowledged before me this 14 day of, 2004 by  |
| PHILIP J. OLSTEIN, as Incorporator and PHILIP J. OLSTEIN, as Registered Agent, who:  |
| That a gastered Agein, wito.   |
| A)is/are personally known to me <u>OR</u>  |
| who has/have produced a driver's license <u>OR</u>   |
| other identification:  |
| B) did OR did not take an oath.  |
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| AFFIX SEAL/EXPIRATION DATE:  |
| Signature of Notary Public   |
| Print Name: SHERRIL WADDEY   |
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