Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000198404 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. $\leq \alpha$

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FOLEY & LARDNER Account Number : 072720000061 : (904)359-2000

Fax Number : (904)359-8700

QCSPORATION

Return to Cardyn Sule

LIMITED LIABILITY COMPANY

SHOWCASE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Hel

https://efile.sunbiz.org/scripts/efilcovr.exe

10/05/2004

Fax Audit No.: H04000198404

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SHOWCASE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 1148 RIVER BIRCH ROAD, JACKSONVILLE, FLORIDA 32259.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

F&L CORP. Name

ONE INDEPENDENT DRIVE, SUITE 1300
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE, FL 32202 City, State, and Zip

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 completed 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.

F&L CORP.

Chauncey W. Lever, Jr., Authorized Signatory

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

JOHN T. SEFTON, authorized representative

Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)

Fax Audit No.: H04000198404