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| Certified Copies | Certificate | s of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only

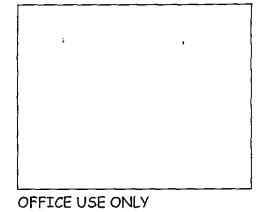


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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN FILING

CORPORATION NAME

1. ARMSTRONG RELOCATION COMPANY, ORLANDO, LLC

MEG 20 PM 1:12

CHECK # 1419

AMOUNT \$155.00

PLEASE RETURN THE FOLLOWING:

OTHER

| xxx | CERTIFIED COPY | |
|----------------|---------------------------------------|--|
| | CERTIFICATE OF GOOD STANDING / STATUS | |
| DOCUMENT TYPE: | | |
| | NEW FILING | |
| | AMENDMENT | |
| | REGISTRATION / QUALIFICATION | |
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Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARMSTRONG RELOCATION COMPANY, ORLANDO, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2490 PRINCIPAL ROW , Suite 100 ORLANDO, FLORIDA 32837 2490 PRINCIPAL ROW , Suite 100 ORLANDO, FLORIDA 32837

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

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

WAYNE MARSHALL

Name

2490 PRINCIPAL ROW , Suite 100

Florida street address (P.O. Box NOT acceptable)

ORLANDO, FL 32837

FL

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 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..

egistered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGR | JAMES T. WATSON 3927 WINCHESTER RD. MEMPHIS, TENNESSEE 38118-4994 |
| MGR | KAREN S. FIELDS 3927 WINCHESTER RD. MEMPHIS, TENNESSEE 38118-4994 |
| MGR | LAUREN S. PICKENS 3927 WINCHESTER RD. MEMPHIS, TENNESSEE 38118-4994 |
| MGR | ROBERT W. RATTON, JR. 3927 WINCHESTER RD. MEMPHIS, TENNESSEE 38118-4994 |
| (Use attachment if necessary) | 2, 12 |

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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 penalties of perjury that the facts stated herein are true.)

ROBERT W. RATTON, JR.

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)