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SECRETARY OF STATE

LAW OFFICES OF

Sanoba & Sanoba, P.A.

A Partnership of Professional Associations 114 EAST EDGEWOOD DRIVE LAKELAND, FLORIDA 33803-4015

GREGORY A. SANOBA, P.A. KARIE L. SANOBA, P.A.

TELEPHONE: (863) 683-5353 FACSIMILE: (863) 683-2237

· January 3, 2005

Secretary of State
State of Florida
Attn: Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Maison E. Renae, L.L.C.

Gentlemen:

Enclosed are original Articles of Organization of Limited Liability Company and our check in the amount of \$125.00. Please file the articles and return the copy of same enclosed herein for our records. Should you have any questions concerning the enclosed, please feel free to contact this office.

Very truly yours,

Linda Stephens

Legal Assistant to Gregory A. Sanoba

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: MAISON E. RENAE, L.L.C.

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 214-216 Cresap Street, Lakeland, Florida 33815.

ARTICLE III — Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are: E. Renae Adcock-Faas, 214-216 Cresap Street, Lakeland, Florida 33815.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this KTH day of December, 2004.

E. Renae Adcock Faas

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

Renae Adcock-Faas

TALLAHASSEE F STATE

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

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

Date: December 15, 2004

Signature of Registered Agent

SECRETARY OF STATE