

L05000004561

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From: Vera Torres

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

Please file the attached Articles of Organization and return a certification to me as soon as possible. Thank you for your continued assistance.

LIMITED LIABILITY COMPANY
ASHEBROOK, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
ASHEBROOK, LLC**

ARTICLE I - NAME

The name of this limited liability company is Ashebrook, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

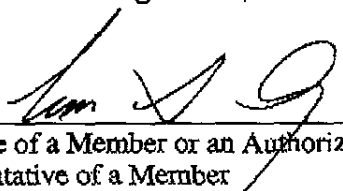
The mailing address and street address of the principal office of the Company is 235 N. Westmonte Drive, Altamonte Springs, Florida 32714.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 235 N. Westmonte Drive, Altamonte Springs, Florida 32714 and the name of the initial registered agent of the Company at that address is William S. Orosz, Jr.

ARTICLE IV - MANAGEMENT

The Company will be managed by one or more managers and, therefore, is to be a manager-managed company.



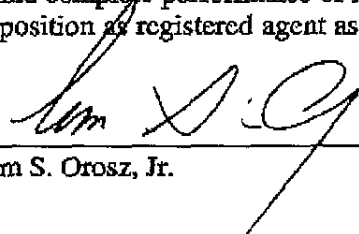
Signature of a Member or an Authorized
Representative of a Member

William S. Orosz, Jr.

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



William S. Orosz, Jr.

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