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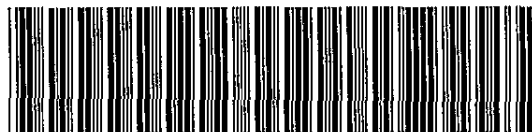
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CORPORATE
ACCESS,
INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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AFM Pegasus, LLC
(CORPORATE NAME & DOCUMENT #)

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(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

**ARTICLES OF ORGANIZATION
OF
AFM PEGASUS, LLC,
A LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**ARTICLE I
Name**

The name of the Limited Liability Company is AFM Pegasus, LLC.

**ARTICLE II
Company Address**

The mailing address and street address of the principal office of the Limited Liability Company is 4494 N. John Young Avenue, Orlando, Florida 32804.

**ARTICLE III
Registered Agent, Registered Office and Signature of Registered Agent**

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

Paul L. Haire
4494 N. John Young Avenue
Orlando, Florida 32804


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, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 31st day of January, 2005, which shall be effective upon filing with the Florida Secretary of State.

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

A handwritten signature in cursive script that reads "Paul Haire".

Paul L. Haire, Authorized Agent