Division of Corporations

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To:

Division of Corporations

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EZOM: GAIL S. ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600

Fax Number : (407)843-4444

PIRASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION AND CERTIFICATE OF STATUS TO ME AS SOON AS POSSIBLE.

THANK YOU.

LIMITED LIABILITY COMPANY

NORTH LAKE PLAZA, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION OF NORTH LAKE PLAZA, LLC

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

The mailing address of the principal office and street address of the Company is 57 Interlaken Road, Orlando, Florida 32804.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 57 Interlaken Road, Orlando, Florida 32804, and the name of the initial registered agent of the Company at that address is Joseph G. Lefkowitz.

ARTICLE IV - MANAGEMENT

The Company is to be managed by the member(s) and is, therefore, a member-managed company.

Signature of a Member or an Authorized Representative of a Member SSRY Joseph G. Lefkowitz
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.

Joseph G Lefkowitz