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To:

Division of Corporations

Fax Number

: (850)205-0383

From: Vera Torres

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

Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (407)843-4444

Elease arrange filing of the attached Articles: of Organization and return a certification to me as soon as possible. Then you for your assistance.

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LIMITED LIABILITY CONTRANY

BRM ORLANDO, LLC

Certificate of Status	()
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Page Count	1
Estimated Charge	\$1,5.00

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ARTICLES OF ORGANIZATIO!! BRM ORLANDO, LLC

<u> ARTICLE I - NAME</u>

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

ARTICLE II - PRINCIPAL OFFIC!!

The mailing address and the street address of the prince oal office of the Company is 19058 Boyer Fields Place, Leesburg, Virginia 20176.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is James J. Hoctor.

> gnature of a Mem er or an Authorized Representative of a ! tember James J. Hoctor Typed or Printed Name of Signer ACCEPTANCE OF REGISTERED A ENT

Having been named as registered agent and to accept the rvice of process for the above stated limited liability company at the place designated in this pertificate. 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 terformance 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.

James / Hoctor