Division of Corporations Public Access System

2005 APR 14 A 9:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

Zom:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)222-9428

LIMITED LIABILITY COMPANY

Baker Properties II, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

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CONTRACTOR

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SECRETARY OF STATE TALLAHASSEE, FLORIC ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|--|---|--|
| Baker Properties II, LLC | | |
| ARTICLE II - Address: The mailing address and street address of the pr | rincipal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 101 East Kennedy Blvd., Ste. 2800 | 101 East Kennedy Blvd., Ste. 2500 | |
| Tampa, FL 33602-5151 | Tampa, FL 33602-5151 | |
| The name and the Florida street address of the registered agent are: John W. Hilbert H | | |
| Name 101 East Kennedy Blvd., Ste. 2800 | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| Tampa, FL 33602-5151 | | |
| City, State, and Zip | | |
| liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe | accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all of an accept agent as provided for in Chapter 608, F.S | |

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

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ETARY OF STATE HASSEE, FLORIDA

| | SECH |
|--|---|
| Title: | Name and Address: TALLA |
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MGR. | John Beker |
| mair: | 4040 Dublin |
| | Columbus, Ohio 43221 |
| | |
| | |
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| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must be | added if an effective data is requested. |
| REQUIRED SIGNATURE: | |
| John | W. Helbut II |
| Signature of a member of | or an authorized representative of a member- |
| (In accordance with section | on 608,408(3), Florida Statutes, the execution |
| of this dobusefur constitut that the facts stated ber | tes an affirmation under the penalties of periory |
| | iohn W. Hilbert II |
| Туро | or printed name of signee |
| Make we | |

Filling Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 38.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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