L05000059943

| (| Requestor's Name) |
|----------------------|-------------------------|
| (| Address) |
| | Address) |
| | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (| Business Entity Name) |
| | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |





000056099790







ACCOUNT NO. : 072100000032

REFERENCE: 432494

4805290

EXAMINER'S INITIALS:

COST LIMIT : \$ 125.00

ORDER DATE: June 16, 2005

ORDER TIME : 2:43 PM

ORDER NO. : 432494-005

CUSTOMER NO: 4805290

CUSTOMER: Ms. Gail E. Sroufek

Sachnoff & Weaver, Ltd.

40th Floor

10 S. Wacker Drive Chicago, IL 60606

DOMESTIC FILING

NAME:

TALLAHASSEE SOUTHWOOD

PARTNERS LLC

EFFECTIVE DATE:

| | ARTICLES OF INCORPORATION |
|---------|---|
| XX | CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION |
| | RETURN THE FOLLOWING AS PROOF OF FILING: |
| FLEASE | RETURN THE FOLLOWING AS FROOF OF FILTING: |
| | _ CERTIFIED COPY |
| XX | PLAIN STAMPED COPY |
| | CERTIFICATE OF GOOD STANDING |
| CONTACT | PERSON: Darlene Ward - EXT. 2935 |

ARTICLES OF ORGANIZATION FOR

SUM 16 M 7:15

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Tallahassee Southwood Partners LLC

| ARTICI | Æ II - | Addr | ess: |
|--------|--------|------|------|
|--------|--------|------|------|

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | <u>Mailing Address:</u> |
|---------------------------|-------------------------|
| 7575 Dr. Phillips Blvd. | 7575 Dr. Phillips Blvd. |
| Suite 220 | Suite 220 |
| Orlando, FL 32819 | Orlando, FL 32819 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Mark Holecek

| | | | Name | | | |
|-------|-------|----------------|-------------|--------------|---------|--------|
| | | | 14anie | | | |
| 7575 | Dr. | Phillips | Blvd., | Ste. | 220 | |
| | Flori | da street addr | ess (P.O. B | ox <u>NO</u> | T accep | table) |
| Orlan | nđo | | | FLC | RIDA | 32819 |
| | | City | State and | Zin | | |

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

| "MGR" = Manager "MGRM" = Managing Member | Mame and Muntess. |
|--|--|
| MGR | Mark Holecek |
| | 7575 Dr. Phillips Blvd., Ste. 220 |
| | Orlando, FL 32819 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ` | |
| NOTE: An additional article r | nust be added if an effective date is requested. |
| REQUIRED SIGNATURE: | il Quelle |
| Signature of a member | r or an authorized representative of a member. |
| | etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.) |
| By:Gail Sroufek | |
| Туг | ped or printed name of signee |

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)