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# LIMITED LIABILITY COMPANY

I.I. Atlanta Alpharetta, LLC

Certificate of Status	1
Certified Copy	1
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#### ARTICLES OF ORGANIZATION

OF

### I.L. ATLANTA ALPHARETTA, LLC

The undersigned executes these Articles of Organization of I.I. Atlanta Alpharetta, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

## ARTICLE I. NAME

The name of the limited liability company is: LI, Atlanta Alpharetta, LLC.

### ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 4830 West Kennedy Boulevard, Suite 890, Tampa, Florida 33609.

### ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 4830 West Kennedy Boulevard, Suite 890, Tampa, Florida 33609, and the name of the Company's initial registered agent at that address is David A. Burns.

Having been named 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.

David A. Bums

### ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is to be a manager-managed company.

EXECUTED: June 27, 2005

David A. Burns

Authorized Representative of Member