

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From: Vera Torres

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

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

LIMITED LIABILITY COMPANY

ONF ESTATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION  
OF  
ONF ESTATES, LLC

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

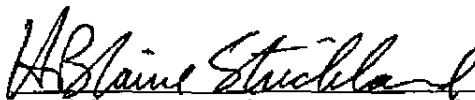
The mailing address and street address of the principal office of the Company is 605 E. Robinson Street, Suite 420, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 605 E. Robinson Street, Suite 420, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is H. Blaine Strickland.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

  
H. Blaine Strickland, Member or Authorized  
Representative of a Member

FILED  
05 JUL 27 AM 9:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

  
H. Blaine Strickland

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