

08/05/05 FRI 15:13 FAX

Division of Corporations

001

Page 1 of 1

Florida Department of State  
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From: GAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
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PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

**LIMITED LIABILITY COMPANY**

**ARBOR RIDGE, LLC**

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J. BRYAN AUG - 8 2005

H05000188018 3

**ARTICLES OF ORGANIZATION  
OF  
ARBOR RIDGE, LLC**

**ARTICLE I - NAME**


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

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 1105 Kensington Park Drive, Altamonte Springs, Florida 32701.

**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 William A. Beckett.



Signature of a Member or an Authorized Representative  
of a Member

William A. Beckett

Typed or Printed Name of Signer

**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 above, 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.



William A. Beckett

H05000188018 3

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