

08/09/05 10:40 FAX

Division of Corporations

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Page 1 of 1

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
Account Number : 076077002775  
Phone : (407) 245-8692  
Fax Number : (407) 423-7014

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**THE HAILEE GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**SA. Thomas - AUG 10 2005**

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Articles of Organization  
of  
The Hailee Group, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company is: The Hailee Group, LLC.

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the limited liability company is: 120 International Parkway, Suite 220, Heathrow, Florida 32746.

**Article III — Registered Agent and Registered Office:**

The name and the Florida street address of the initial registered agent of the limited liability company are: Gary D. Lipson, 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.

**Article IV — Management:**

The limited liability company is to be managed by a manager or managers and is, therefore, a manager-managed company.

**Article V — Indemnification:**

This limited liability company shall indemnify and hold harmless its managers, directors, officers, employees, attorneys and agents to the fullest extent permitted by law.

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IN WITNESS WHEREOF, the undersigned, as an authorized representative of a member, has signed and acknowledged these Articles of Organization on August 9, 2005.

  
\_\_\_\_\_  
Gary D. Lipson,  
as Authorized Representative

**Statement Accepting Appointment as Registered Agent**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in the statement. 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 under Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Gary D. Lipson

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FLORIDA

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