Electronic Articles of Organization
For
Florida Limited Liability Company

L05000083015
FILED 8:00 AM
August 22, 2005
Sec. Of State
jmerrick

Article I

The name of the Limited Liability Company is:

LOUGHMAN TOWN CENTER, LLC

Article II

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

45713 HWY 27
DAVENPORT, FL. 33897

The mailing address of the Limited Liability Company is:

PO BOX 137344
CLERMONT, FL. 34713

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

4 CORNERS INSURANCE, INC.
45713 HWY 27
DAVENPORT, FL. 33897

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.

Registered Agent Signature: MICHAEL A. PALANTI

Article V

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The name and address of managing members/managers are:

Title: MGRM
MICHAEL A PALANTI
PO BOX 137344
CLERMONT, FL. 34713

Title: MGRM
SHARON A PALANTI
PO BOX 137344
CLERMONT, FL. 34713

Signature of member or an authorized representative of a member

Signature: KAREN SENA