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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

ccount Name

: AKERMAN SENTERFITT & EIDSON by Rebecca Maty

Mone

Account Number : 076656002425

🖎 Number

: (407)843-7860 : (407)843-6610

LIMITED LIABILITY COMPANY

ARCHIVE PROPERTIES, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: ARCHIVE PROPERTIES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company î\$:

Principal Office Address:

Mailing Address:

1701 Park Center Drive Orlando, Florida 32835 1701 Park Center Drive Orlando, Florida 32835

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

AMERICAN INFORMATION SERVICES, INC. 255 South Orange Avenue, Suite 1700 Orlando, Fiorida 32801

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 property 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.

AMERICAN INFORMATION SERVICES, INC.,

* Florida corporation

Name: Rebecca 5. Matz

Title: Assistant Secretary

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AUG-24-05 15:43 FROM-AKERMAN SENTERFITT 16E. +407 843 7860 T-119 P.003/003 F-861

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	
MGR	Kevin H. Azzouz
-	1701 Park Center Drive
	Orlando, Florida 32835

REQUIRED SIGNATURE:

Title-

KEVIN H. AZZOUZ, Manager (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Name and Address:

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