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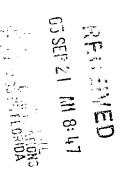
	(Requestor's Name)
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ACCOUNT NO.: 07210000032

REFERENCE: 607167 4804992

COST LIMIT : \$ 160.00

ORDER DATE: September 21, 2005

ORDER TIME: 8:30 AM

ORDER NO. : 607167-005

CUSTOMER NO: 4804992

CUSTOMER: Mr. Josiah Bancroft

Scoggins & Goodman, P.c.

245 Peachtree Center Ave. N.e.

2800 Marquis One Tower Atlanta, GA 30303

DOMESTIC FILING

NAME: SPALDING GP TAMPA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS:

# ARTCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Spalding GP Tampa, LLC

# ARTICLE II - Address:

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

1000 Mansell Exchange West, Building 200, Suite 210 Alpharetta, Georgia 30022

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

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

Corporations Services Company Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee, Florida 32301 City, State and Zip

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 provision 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, F.S.

Registered Agent's Signature as its agent

# ARTICLE IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

# Member

SPALDING CENTRE, INC.

James E. Bridges, President

(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 begoin are true.)

James E. Bridges

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)