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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

LXG, LLC

Certificate of Status	0
Certified Copy	1
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• FAX AUDIT # 405000 2267923

ARTICLES OF ORGANIZATION OF LXG, LLC

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ARTICLE I

NAME

The name of the limited liability company shall be: LXG, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 170 SW June Glen, Lake City, Florida 32024.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Steven Hornberger, 170 SW June Glen, Lake City, Florida 32024. Located in the County of Columbia.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Steven Hornberger, 170 SW June Glen, Lake City, Florida 32024

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,

Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE CORDAN STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: LXG, LLC

The name and address of the registered agent and office is Steven Hornberger, 170 SW June Glen, Lake City, Florida 32024. Located in the County of Columbia.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Staven Harahavan

Date: September 9, 2005