

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
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## From:

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

## NATURE STORIES, LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION  
OF  
NATURE STORIES, LLC  
A Florida Limited Liability Company**

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**ARTICLE I  
NAME**

The name of this limited liability company is NATURE STORIES, LLC referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company is as follows:

P.O. Box 2400  
Jupiter, FL 33468

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on December 1, 2005, or if later, such date as if five (5) business days prior to the date on which these Articles of Organization are filed by the Florida Department of State.

**ARTICLE IV  
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

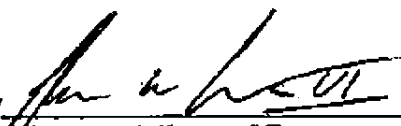
William R. Lowman, Jr., Esquire  
1000 Legion Place, Suite 1700  
Orlando, FL 32801

**ARTICLE V  
MANAGEMENT**

The Company is to be a manager-managed company. The manager may receive compensation for its services. The initial manager shall be Thomas M. Turner, VI.

**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

By   
Thomas M. Turner, VI

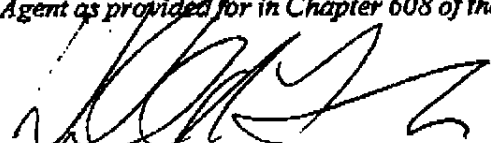
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned submits the following statement to designate a Registered Office and Registered Agent in the State of Florida.

1. The name of the limited liability company is "NATURE STORIES, LLC"
2. The name and the Florida street address of the Registered Agent are as follows:

William R. Lowman, Jr., Esquire  
1000 Legion Place, Suite 1700  
Orlando, FL 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 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 of the Florida Statutes.*

  
William R. Lowman, Jr.,  
as Registered Agent

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