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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Cubed Capital Group, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**  
**OF**  
**CUBED CAPITAL GROUP, LLC**

The undersigned hereby present(s) these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is CUBED CAPITAL GROUP, LLC.

**ARTICLE II**

**PRINCIPAL OFFICE**

The street address of the Limited Liability Company is 5525 Summerland Hills Drive, Lakeland, Florida 33813.

**ARTICLE III**

**DURATION**

The Limited Liability Company shall have perpetual existence, commencing on the date of the execution and acknowledgment of these Articles of Organization.

**ARTICLE IV**

**PURPOSE**

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

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ARTICLE V  
MANAGEMENT

The Limited Liability Company is to be a manager managed company.

ARTICLE VI  
INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

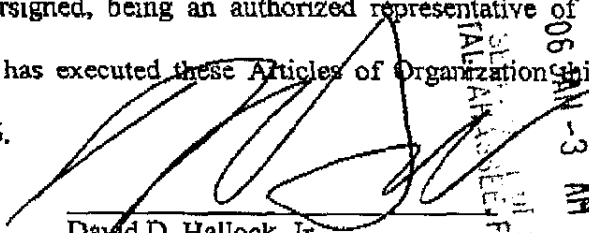
The street address of the initial registered office of the Limited Liability Company is One Lake Morton Drive, Lakeland, Florida 33801 and the name of the initial registered agent of the Limited Liability Company at that office is David D. Hallock, Jr.

ARTICLE VII  
INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a manager, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Limited Liability Company, has executed these Articles of Organization this

3d day of January, 2006.

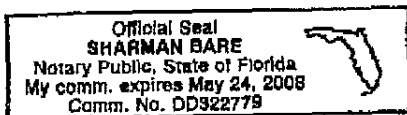
  
David D. Hallock, Jr.

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STATE OF FLORIDA  
COUNTY OF POLK

The foregoing Articles of Organization were acknowledged before me this 3<sup>rd</sup> day of January, 2006 by David D. Hallock, Jr. as an authorized representative of a Manager of the Limited Liability Company, who is personally known to me.



Sharmen Bare  
NOTARY PUBLIC, State of Florida

Printed Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(AFFIX NOTARY SEAL)

My commission number: \_\_\_\_\_

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is CUBED CAPITAL GROUP, LLC.
2. The name and street address of its initial Registered Agent and initial Registered Office are:

David D. Hallock, Jr.  
GrayRobinson, P.A.  
One Lake Morton Drive  
Lakeland, FL 33801

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.

DAVID D. HALLOCK, JR.  
Date: January 3<sup>d</sup>, 2006

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