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SELVE ASSEET LURIDAY

GRAY ROBINSON

SUITE 600 301 South Bronough St. (32301)

Post Office Box 11189

TALLAHASSEE, FL 32302-3189

TEL 850-222-7717

JACKSONVILLE

TEL 850-577-9090 FAX 850-222-3494

FAX 850-577-3311 gray-robinson.com

JAKELAND MELBOURNES

KEY WEST

CLERMONT

NAMELES

March 9, 2006

Via Hand Delivery

Division of Corporations 2661 Executive Center Circle West Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for filing, please find the ARTICLES OF ORGANIZATION, along with a check in the amount of \$155.00 for the applicable filing fees and to obtain a CERTIFIED COPY for the following entity:

## OKAHUMPKA, LLC

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 577-9090 when the document is ready. Thank you for your assistance.

Sincerely,

Karen F. Jusevitch

Paralegal

/kfj Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The name of the Limited Liability Company is:

OKAHUMPKA, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

425 WEST COLONIAL DRIVE
SUITE 204

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

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

JONATHAN WOODS 425 WEST COLONIAL DRIVE **SUITE 204** ORLANDO, FL 32804

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, F.S.

ENT'S SIGNATURE

Article IV - Management: '

The Limited Liability Company is to be mana Typone or more managers and is, therefore, a "manager-managed" limited liability compar

AUTHORIZED REPRESENTATIVE'S SIGNATURE

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

JONATHAN WOODS

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)