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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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	ORPORATE / When you need ACCESS to the world ACCESS, INC. 236 East 6th Avenue . Tallahassee, Florida 32303	
	236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax	(850) 222-1666
	WALK IN	
	PICK UP: 3/23/06 Solution	
	CERTIFIED COPY	
	PHOTOCOPY	
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	FILING LLC.	
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	TOC Real Estate LLC	70
	(CORPORATE NAME AND DOCUMENT #)	SECKETA ALLAIIA 06 MAR
	(CORPORATE NAME AND DOCUMENT #)	23 375 23 375
		A MARIE
	(CORPORATE NAME AND DOCUMENT #)	2: 55
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	
CIA	L INSTRUCTIONS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
TOC REAL ESTATE LLC		
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
200 W. Welbourne Avenue	200 W. Welbourne Avenue	
Suite 7	Suite 7	
Wiriter Park, Florida 32879	Winter Park, Florida 32879	
	ered Office, & Registered Agent's Signatur Registered Agent. You must designate an individual or anoth the registered agent are:	
	q., c/o Wolfe & Goldstein, P.A.	96

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.

Florida street address (P.O. Box NOT acceptable)

FL 32789

Registered Agent's Signature (REQUIRED)

Name

City, State, and Zip

100 S.E. Second Street, Suite 3300

Winter Park

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manag "MGRM" = Man	er	and Address:	
MGR	200 W.	e Linders Welbourne Avenue, Suite 7	
	Winter	Park, Florida 32879	
			·
(Use attachment	if necessary)		
LE V: Effective	date, if other than the date of filing ted, the date must be specific an	g: March 23, 2006 (OPT id cannot be more than five busine	TONAL)
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LE V: Effective fective date is lis days after the d	date, if other than the date of filing ted, the date must be specific an ate of filing.)	rized representative of a member. (3), Florida Statutes, the execution nation under the penalties of perjury	TONAL) ss days pric

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)