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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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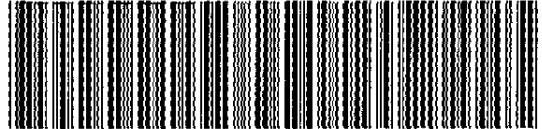
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 27 2006

LAW OFFICES
SCRUGGS & CARMICHAEL, P.A.

DOWNTOWN OFFICE:

ONE S.E. FIRST AVENUE 32601
POST OFFICE BOX 23109 32602
GAINESVILLE, FLORIDA
TELEPHONE (352) 376-5242
FAX (352) 375-0690

WEST OFFICE:

METROCORP CENTER
4041 N.W. 37TH PLACE
SUITE 8
GAINESVILLE, FLORIDA 32608
TELEPHONE (352) 374-4120
FAX (352) 378-9326

☐ REPLY
DOWNTOWN

☒ REPLY
WEST OFFICE

SIGSBEE L. SCRUGGS
1926-1983
PARKS M. CARMICHAEL
1908-1994
WILLIAM D. PRIDGEON
1933-1980
MICHELLE VAUGHNS
1946-1982
WILLIAM N. LONG
1920-2003

RETIRED
RAY D. HELPLING
WILLIAM C. ANDREWS

JAMES G. LARCHE, JR.
JOHN F. ROSCOW III
STAN CUSHMAN†
FRANK P. SAIER
PHILIP A. DELANEY
CHARLES W. LITTELL
MITZI COCKRELL AUSTIN†
JOHN G. STINSON
KAREN K. SPECIE
KEVIN DALY
RAYMOND M. IVEY
JEFFREY R. DOLLINGER
JEFFERSON M. BRASWELL
KEVIN D. JURECKO
ELIZABETH A. MARTIN
VIRGINIA E. CLAPP

†CERTIFIED FAMILY MEDIATOR
‡CERTIFIED CIVIL MEDIATOR

March 20, 2006

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Via UPS Next Day Air

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Sonash, LLC

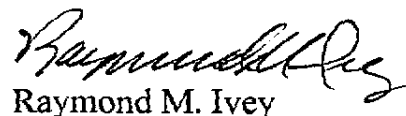
Dear Sir or Madam:

In connection with the above-referenced limited liability company, I am transmitting herewith the following:

1. Articles of Organization;
2. Acceptance of Appointment as Registered Agent; and
3. Check in the amount of \$125.00.

Please file the Articles and Acceptance of Appointment. If you have any questions, please advise.

Sincerely,


Raymond M. Ivey

Enclosures

ARTICLES OF ORGANIZATION
of
Sonash, LLC

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UNIVERSITY MICROFILMS
TALLAHASSEE, FLORIDA

The undersigned, desiring to form the limited liability company **Sonash, LLC** under the provisions of Chapter 608 Florida Statutes, as amended, states the following:

Article I. Name: The name of the Limited Liability Company is **Sonash, LLC**.


Article II. Registered Office and Agent: The post office address of the initial registered office of the Limited Liability Company is 4612 NW 56th Drive, Gainesville, FL 32606. The initial registered agent is Ramesh Mohinani.

Article III. Principal Office: The principal office of the Limited Liability Company is 4612 NW 56th Drive, Gainesville, FL 32606.

Article IV. Management: The Limited Liability Company shall be managed by managers whose identities and terms of office shall be set forth in the written Operating Agreement of the Limited Liability Company.

Article V. Written Operating Agreement: The members have this day entered into and executed a written Operating Agreement which may be amended or restated, in writing, from time to time. And any amendments or restatements thereof be in writing.

Dated this 20th day of March 2006.


Ramesh Mohinani

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing Articles of Organization was acknowledged before me this 20th day of March 2006, by Ramesh Mohinani, who is personally known to me or who produced _____ as identification..


Notary Public



Raymond M. Ivey
Commission # DD499533
Expires January 7, 2010
Bonded Troy Felt Insurance, Inc. 800-385-7019

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, Ramesh Mohinani, pursuant to Sec. 608.415, Florida Statutes (2004), does hereby accept the appointment of registered agent for Sonash, LLC, a Florida limited liability company. The undersigned is familiar with and accepts the obligations of registered agent as provided for in Chapter 608, Florida Statutes (2004).

Dated this 20 day of March 2006.


Ramesh Mohinani

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