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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: GAIL S. ANDRE  
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (407)843-4444

**PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.**

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

WEST MORSE, LLC

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ARTICLES OF ORGANIZATION  
OF  
WEST MORSE, LLC

ARTICLE I - NAME

The name of this limited liability company is WEST MORSE, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

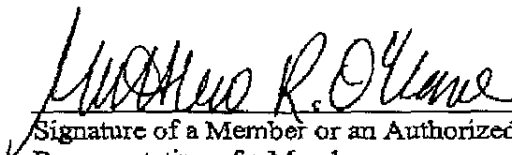
The mailing address and street address of the principal office of the Company is 2390 E. Camelback Road, Suite 325, Phoenix, Arizona 85016.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32806 and the name of the initial registered agent of the Company at that address is Matthew R. O'Kane.

ARTICLE IV - MANAGEMENT

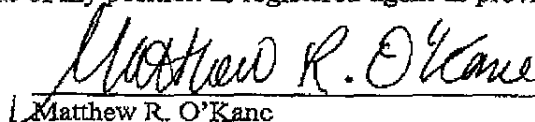
The Company is to be managed by one or more members and is, therefore, a member-managed company.

  
Signature of a Member or an Authorized  
Representative of a Member

Matthew R. O'Kane  
Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

  
Matthew R. O'Kane

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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