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Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Exiance LLC

Certificate of Status	0
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FAX AUDIT # HO0001329343

**ARTICLES OF ORGANIZATION
OF
Exiance LLC**

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ARTICLE I NAME

The name of the limited liability company shall be: **Exiance LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1119 Celebration Ave, Celebration, Florida 34747.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Shel Hart, 1119 Celebration Ave, Celebration, Florida 34747. Located in the County of Osceola.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Shel Hart, 1119 Celebration Ave, Celebration, Florida 34747


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # HO0001329343

FAX AUDIT # HOLAND 1329343CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 12 AM 9:26The name of the limited liability company is: **Exiance LLC**The name and address of the registered agent and office is Shel Hart, 1119 Celebration
Ave, Celebration, Florida 34747. Located in the County of Osceola.

Having been named as registered agent and to accept service of process for the above
stated 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.

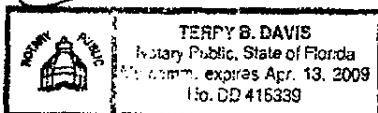
Signature: _____

Shel HartDate: 5 / 11 / 2006

STATE OF FLORIDA

COUNTY OF Osceola

Sworn to (or Affirmed) and subscribed before me on this 11th
day of May, 2006 by Shel Hart,
who is personally known to me or has produced
Florida 6/10/08 as identification.

FAX AUDIT # HOLAND 1329343