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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

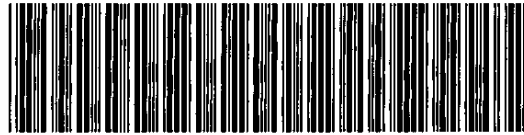
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 31 AM 10:24

B. McKnight JUN 06 2006

SCOGGINS  
ATTORNEYS AT LAW GOODMAN

Linda C. Pitts  
LPitts@sgpc.com

Direct Dial:  
404-420-5711

May 26, 2006

VIA FEDERAL EXPRESS

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

RE: Merritt Island Vest, LLC

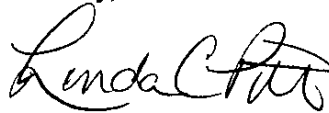
Dear Sir or Madam:

Enclosed please find the following documents for the organization of Merritt Island Vest, LLC:

1. The original and one (1) copy of the Articles of Organization for the above-referenced limited liability company; and
2. A check made payable to Florida Department of State in the amount of \$160.00 to cover the filing fees for the Articles of Organization, the designation of Registered Agent fee, the certified copy Articles of Organization fee and the fee for obtaining a Certificate of Status.

Once the documents have been filed, please return a file marked copy of the Articles of Organization along with the Certificate of Status to me in the self-addressed, stamped envelope. If you should have any questions or require further information, please do not hesitate to contact me.

Sincerely,



Linda C. Pitts

Enclosures

cc: Merritt Island Vest, LLC (via U.S. Mail w/out encls)  
Robert F. Goodman, Jr., Esq.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Merritt Island Vest, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

6111 Peachtree Dunwoody Road, Suite B-102  
Atlanta, Georgia 30328-4577

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

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

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, Florida 32301  
City, State and Zip

*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 provision 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.*

Carina L. Dunlap  
Registered Agent's Signature

Carina L. Dunlap  
Asst. Vice President

**ARTICLE IV - Management (Check box if applicable.)**

This Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

**Member**

CRABAPPLE VEST, L.L.C., a Georgia limited liability Company

By: William R. Collins, Jr.  
William R. Collins, Jr., Manager

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

William R. Collins, Jr.

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)

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DIVISION OF CORPORATIONS  
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