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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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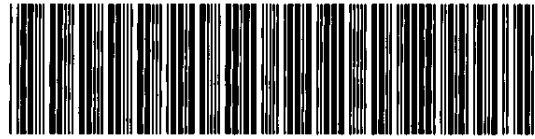
(Business Entity Name)

(Document Number)

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

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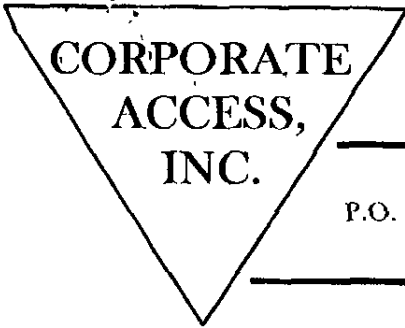
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- CERTIFIED COPY \_\_\_\_\_
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- FILING LLC \_\_\_\_\_

1. Salvia Holdings, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

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ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

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.

ARTICLE I - NAME

The name of this Limited Liability Company shall be "SALVIA HOLDINGS, LLC."

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1 Tappan Zee Lane, Longwood, Florida 32750.

ARTICLE III - MANAGEMENT

The Limited Liability Company is to be managed by a Board of Directors in accordance with regulations adopted by the members for the management of the business and affairs of the company who in turn shall elect a President who shall manage the day to day affairs of the Company consistent with the regulations adopted by the Board. The name and address of the initial President of the Company is:

ROCCO SALVIA

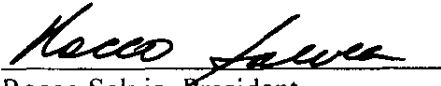
1 Tappan Zee Lane  
Longwood, Florida 32750

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent is Rocco Salvia, 1 Tappan Lane, Longwood, Florida 32750. 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.

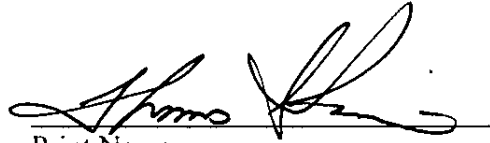
Dated this 14<sup>th</sup> day of June, 2006.

  
Rocco Salvia, President  
Registered Agent

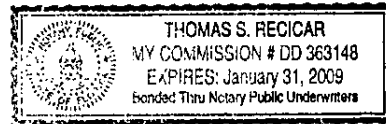
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STATE OF FLORIDA  
COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this 14<sup>TH</sup> day of June, 2006, by ROCCO SALVIA. Said person did not take an oath and (check one)  is personally known to me, or  produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.



Print Name:  
Notary Public, State of  
My Commission Expires:  
Commission Number:



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