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From:

Account Name

: GRAY ROBINSON, P.A. Account Number: I20000000092

: (863)284-2200

Fax Number

: (863)688-0310

FLORIDA/FOREIGN LIMITED LIABI BELLERIVE HOLDINGS, LLC Certificate of Status Certified Copy 1		
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6/19/2006

ARTICLES OF ORGANIZATION

OF

BELLERIVE HOLDINGS, LLC

The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE 1

NAME

The name of the Limited Liability Company is BELLERIVE HOLDINGS, LLC.

ARTICLE II

PRINCIPAL OFFICE

The mailing address of the principal office of the Limited Liability Company is 20 Office Box 2294, Lakeland, Florida 33806.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the filing of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

MANAGEMENT

The Limited Liability Company is to be manager-managed. The name and address of the

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Initial Managers are:

Robert L. Madden Post Office Box 2294 Lakeland, Florida 33806-2294

Gregory A. Madden Post Office Box 8822 Lakeland, Florida 33806-8822

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial registered office of the Limited Liability Company is 6810 New Tampa Highway, Suite 100, Lakeland, Florida 33815, and the name of the initial registered agent of the Limited Liability Company at that office is Robert L. Madden.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the Initial Managers, has executed these Articles of Organization this 16 day of June, 2006.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

- 1. The name of the Limited Liability Company is BELLERIVE HOLDINGS, LLC
- 2. The name and street address of its initial Registered Agent and initial Registered Office are:

ROBERT L. MADDEN 6810 New Tampa Highway Suite 100 Lakeland, Florida 33815

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.

ROBERT L. MADDEN Date: June 66, 2006

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