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From: **GAIL S. ANDRE'**

Account Name : LOWDES, DROSDICK, DOSTER, KANTOR & REED  
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.**

Del  
~~DAY~~TONA BUSINESS CENTER, LLC

|                       |          |
|-----------------------|----------|
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**CONFIDENTIALITY NOTICE**

**From:** Gail S. André, Paralegal

**Date:** June 29, 2006

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**TO:** Tammi  
Division of Corporation  
Florida Department of State  
**FAX #:** 850-245-6030  
**PHONE #:**

**COMMENTS/SPECIAL INSTRUCTIONS: RE: DELTONA BUSINESS CENTER, LLC**

Please file the attached Articles of Organization using the file date of June 28, 2006.

Thank you.

**Number of Pages (including cover page):** 3 **ORIGINAL WILL BE SENT**

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**ARTICLES OF ORGANIZATION  
OF  
DELTONA BUSINESS CENTER, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is DELTONA BUSINESS CENTER, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 1465 Whispering Meadow Lane, Osteen, Florida 32764.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 1465 Whispering Meadow Lane, Osteen, Florida 32764, and the name of the initial registered agent of the Company at that address is Fritz Bogausch.

**ARTICLE IV - MANAGEMENT**

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

  
\_\_\_\_\_  
Signature of a Member or an Authorized  
Representative of a Member

Fritz Bogausch  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Fritz Bogausch

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