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(Re	questor's Name)	
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ACCOUNT NO. : 072100000032 REFERENCE: 479958 7292227 AUTHORIZATION : COST LIMIT : ORDER DATE: September 26, 2006 ORDER TIME : 10:43 AM ORDER NO. : 479958-005 CUSTOMER NO: 7292227 DOMESTIC FILING SOUTHERN CLERMONT HOLDINGS, NAME: LLC XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:
SOUTHERN CLERMONT HOLDINGS, LLC	
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8798 Darlene Drive	8798 Darlonc Drive
Orlando, Florida 32836	Orlando, Florida 32836
	P 2
	istered Office, & Registered Agent's Signature: Of the Registered Agent. You must designate an individual of Apother of the registered agent are:
	Name
4244 St. Johns Avenue	
Florida s	treet address (P.O. Box NOT acceptable)
Jacksonville	FL 32210
City	, State, and Zip
liability company at the place designa registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
	NTINUED) ge lof2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u>	Name and Address:	
	"MGR" = Manager		
	"MGRM" = Managing Member		
	Jamil H. Khan	8798 Darlene Drive	
		Orlando, Florida 32836	
	Maria Cristina C. Kahaf KHAN	8798 Darlone Drive	
		Orlando, Florida 32836	
	(Use attachment if necessary)		
ARTI	CLEV: Effective date if other than the	date of filing: (OPTIONAL)	
		specific and cannot be more than five business days prior	
	O days after the date of filing.)	•	
	REQUIRED SIGNATURE:		
	(Lf)	120	
	Signature of a mombe.	r or an authorized representative of a member.	
	(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 h		
	By: LARE	A CALISTINA KHAW	
	Ту	ped or printed name of signec	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)