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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : AKERMAN SENTERFITT & EIDSON  
Account Number : 076656002425  
Phone : (407)423-4000  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LIBERTY VP HILLIARD, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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DIVISION OF CORPORATION

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

**ARTICLE I - Name**

The name of this limited liability company is **LIBERTY VP HILLIARD, LLC** (the "Company").

**ARTICLE II - Address**

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

2200 Lucien Way, Suite 410  
Maitland, Florida 32751

**ARTICLE III - Existence and Duration**

The Company shall commence its existence on the date that these Articles of Organization are filed with the Secretary of the State of Florida, and its duration shall be perpetual unless sooner dissolved by law.

**ARTICLE IV - Management**

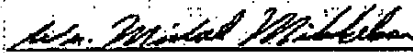
The Company is a member managed Company.

**ARTICLE V - Registered Agent**

The name and street address of the initial registered agent of the Company is:

Wm. Michael Mikkelsen  
2200 Lucien Way, Suite 410  
Maitland, Florida 32751

Dated: November 3, 2006.



Wm. Michael Mikkelsen,  
Authorized Representative

(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.)

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**REGISTERED AGENT ACCEPTANCE**

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.

**WM. MICHAEL MIKKELSON, Registered Agent**

By: *Wm. Michael Mikkelsen*  
Wm. Michael Mikkelsen

Dated: November 3, 2006.

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