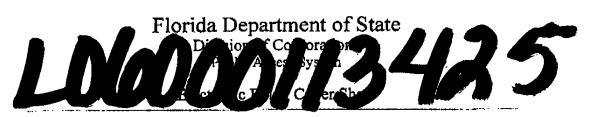
Division of Corporations



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To:

Division of Corporations

Fax Number : :(850)205-0383

Account Name : GILLIGAN, KING & GOODING, P.A.

Account Number : I20010000016 Phone : (352)867-7707 Fax Number : (352)867-0237

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Highway 19 Holdings, LLC

Certificate of Status

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Highway 19 Holdings, LLC

006 NO

ARTICLE II - Address

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

P O Box 608 4701 NE 36th Avenue Ocala, Florida 34478

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Name:

Scott Sumner

Florida street address:

4701 NE 36th Avenue

City, State, and Zip

Ocala, Florida 34479

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.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be sided if an effective date is requested)

Signature of a member 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 herein are true.)

Scott Summer
Typed or printed name of signee

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SECRETARY OF STATE