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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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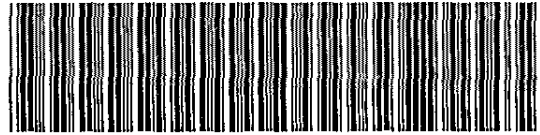
(Business Entity Name)

(Document Number)

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# SALTER, FEIBER, MURPHY, HUTSON & MENET, P.A.

## ATTORNEYS AT LAW

JAMES G. FEIBER, JR.\*  
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DAVID E. MENET  
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3940 NW 16<sup>TH</sup> BLVD, BLDG. B  
GAINESVILLE, FLORIDA 32605

POST OFFICE BOX 357399  
GAINESVILLE, FLORIDA 32635-7399  
352.376.8201  
FAX 352.376.7996

February 6, 2007

\*CERTIFIED ~~Department of State~~  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

WWW.SALTERLAW.NET

RE: Wallace Office Park, LLC  
Our File No.: 07-0160.4

Dear Sir/Madam:

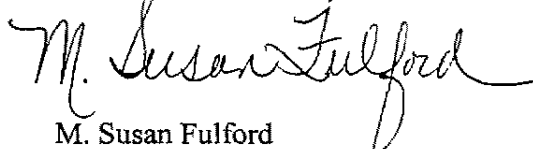
Enclosed please find an original and one (1) copy of the Articles of Organization for the above referenced limited liability company. Please return a certified copy of the Articles of Organization to this office.

Also enclosed please find check #30987 in the amount of \$133.75 for the following:

Filing Fee	\$100.00
Registered Agent Designation	25.00
Certified Copy of Articles	<u>8.75</u>
	\$133.75

We appreciate your cooperation in this matter. If you require any further information or have any questions, please advise.

Sincerely yours,  
SALTER, FEIBER, MURPHY,  
HUTSON & MENET, P.A.

  
M. Susan Fulford  
Legal Assistant to Ms. Murphy

/msf  
Enclosures

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**ARTICLES OF ORGANIZATION  
OF  
WALLACE OFFICE PARK, LLC**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is WALLACE OFFICE PARK, LLC.

**ARTICLE II  
ADDRESS**

The mailing address of the Limited Liability Company's principal office is 4707 NW 53<sup>rd</sup> Avenue, Suite A, Gainesville, FL 32606.

The street address of the Limited Liability Company's principal office is 4707 NW 53<sup>rd</sup> Avenue, Suite A, Gainesville, FL 32606.

**ARTICLE III  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV  
MANAGEMENT**

The managing members who are designated by the member(s) as the Manager shall carry out and further the decisions and actions of the member(s) made under the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, documents, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Authorized Representative  
Howard K. Wallace

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

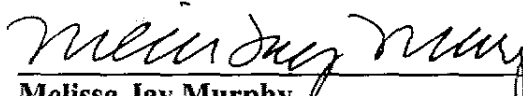
**UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED  
LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE  
A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

***The name of the limited liability company is WALLACE OFFICE PARK, LLC.***


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

**Melissa Jay Murphy, Esq.  
3940 NW 16<sup>th</sup> Blvd.  
Gainesville, FL 32605**

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.

  
Melissa Jay Murphy  
Registered Agent

**WALLACE OFFICE PARK, LLC**

By:   
Howard K. Wallace

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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