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

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ST II, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

ST II, LLC

**ARTICLE II ADDRESS**

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

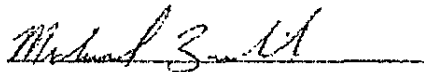
601 ORANGE TREE COURT  
MAITLAND, FL 32751-6367

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

MICHAEL ZERULIK  
601 ORANGE TREE COURT  
MAITLAND, FL 32751-6367

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's signature / MICHAEL ZERULIK

**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managers and is, therefore, a Manager Managed Company.

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**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

MICHAEL ZERULIK  
Managing: 601 ORANGE TREE COURT  
MAITLAND, FL 32751-6367



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.)

MICHAEL ZERULIK  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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