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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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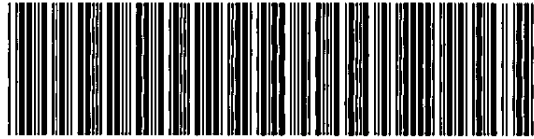
(Business Entity Name)

(Document Number)

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07 MAR 30 AM 9:53

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Phoenicia Overstreet, LLC

File 1st

Signature

Requested by:

Name

Date

Time

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TALLAHASSEE, FLORIDA

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

**ARTICLES OF ORGANIZATION  
FOR  
PHOENICIA OVERSTREET, LLC**

**FILED**  
07 MAR 30 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of this Limited Liability Company is **Phoenicia Overstreet, LLC** (the "Company").

**ARTICLE II - Address:**

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

7932 W. Sand Lake Road  
Suite 300  
Orlando, Florida 32819

**ARTICLE III - Registered Agent, Registered Office & Registered Agent Signature:**


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

Christina M. Page Esquire  
Name

7932 Sand Lake Road, Suite 204  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Orlando, Florida 32819  
City, State and Zip

*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 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.*



\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV - Duration:**

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

**ARTICLE V - Management:**

The Company is to be managed by a manager and the name and address of the manager is:

A. Tom Harb  
7932 W. Sand Lake Road  
Suite 300  
Orlando, Florida 32819

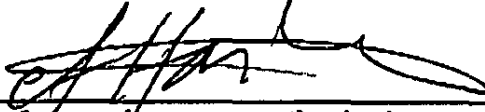
Suzane Harb  
7932 W. Sand Lake Road  
Suite 300  
Orlando, Florida 32819

Raquel JeBailey  
7932 W. Sand Lake Road  
Suite 300  
Orlando, Florida 32819

**ARTICLE VI - Members Rights to Continue Business:**

The remaining members of the Company have the right to continue the business in the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event, which terminates the continued membership of a Member in the Company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this \_\_\_\_\_ day of March 2007.

A handwritten signature in black ink, appearing to read 'A. Tom Harb', written over a horizontal line.

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.)

A. Tom Harb

Typed or printed name of signee