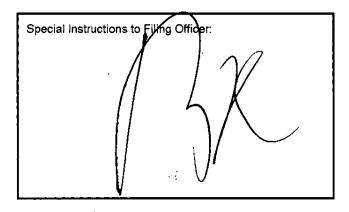
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	



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ACCOUNT NO. : 072100000032 REFERENCE: 849320 AUTHORIZATION :C COST LIMIT : ORDER DATE: April 12, 2007 ORDER TIME : 5:10 PM ORDER NO. : 849320-005 CUSTOMER NO: 7501547 DOMESTIC FILING NAME: CLARK FLORIDA BUILDERS LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP _ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ____ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	20 9	
The name of the Limited Liability Company is:	TE TO	
	TALLAHAS	
Clark Florida Builders LLC	ر المراقع الم	
(Must end with the words "Limited Liability Company, "Limited		
Zamies Bloomy Company, Dinner	Section 1	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2 Bethesda Metro Center, Suite 250	2 Bethesda Metro Center, Suite 250	
Bethesda, MD 20814	Bethesda, MD 20814	
business entity with an active Florida registration.) The name and the Florida street address of the re		
Corporation Service Company Name		
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee,	FL 32301	
City, State, ar	nd Zip	
liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited ais certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	
10 10 11	• _	

Registered Agent's Signature (REQUIRED)

Deborah D. Skipper
Asst. V. Pres.

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Glenn A. Ferguson 2 Bethesda Metro Center, Suite 250 Bethesda, MD	
MGR	Douglas G. La Rosa 2 Bethesda Metro Center, Suite 250 Bethesda, MD	
MGR	Chris Hirst 280 Transportation St. Ft. Benning, GA 31905	
	the date of filing: (OPTIONAL)	
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)		
	mber or an authorized representative of a member.	
of this document or that the facts stat	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury sed herein are true.)	
David H. Brody Typed or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)