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.To:

Division of Corporations

Fax Number : (850)205-0383

From:

CAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036

Phone

: (407)843-4600

Fax Number

: (407)843-4444

PLEASE ARRANGE PILIEG OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A

CERTIFICATION TO HE AS SOON AS POSSIBLE. THANK YOU.

FLORIDA/FOREIGN LIMITED LIABILITY CO.

EVENT CENTER DEVELOPMENT, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF EVENT CENTER DEVELOPMENT, LLC

ARTICLE I - NAME

The name of this limited liability company is EVENT CENTER DEVELOPMENT, LLC (the "Company").

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 8701 Maitland Summit Blvd., Orlando, Florida 32810.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, FL 32801 and the name of the initial registered agent of the Company at that address is James F. Heekin, Jr..

ARTICLE IV - MANAGEMENT

The Company is to be single member, manager managed and is, therefore, a manager-managed company.

Signature of a Member of an Authorized Representative of a Member

James F. Heekin, Jr., Authorized Representative
Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

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