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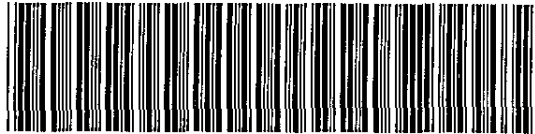
(Business Entity Name)

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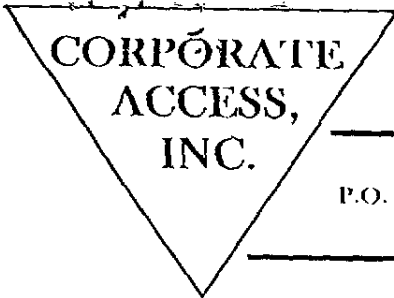
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arts

1.

Shinn Grove Caretaking, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION OF SHINN GROVE CARETAKING, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "SHINN GROVE CARETAKING, LLC."

ARTICLE II — Address:

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

Mailing Address Post Office Box 937
Lake Alfred, FL 33850

Street Address: 140 North Penn Avenue
Lake Alfred, FL 33850

ARTICLE III — Registered Agent and Registered Office

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

James M. Shinn
140 North Penn Avenue
Lake Alfred, FL 33850

ARTICLE IV — Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 28th day of June, 2007.

James M. Shinn
Signature of authorized representative

James M. Shinn

Typed or printed name of signee

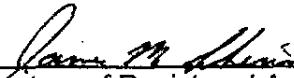
(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Signature of Registered Agent
James M. Shinn

Typed or printed name of signee