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(City/State/Zip/Phone #)



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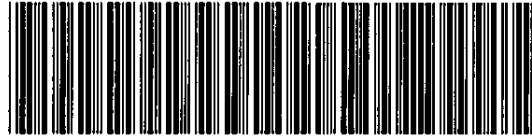
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07 AUG 15 AM 9:20

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

07 AUG 15 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GRAY | ROBINSON**  
ATTORNEYS AT LAW

August 15, 2007

**VIA HAND DELIVERY**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Good – NYK, LLC  
Our File No. 390203-14

Dear Madam or Sir:

Enclosed are an original and one copy of Articles of Organization of **Good - NYK, LLC. PLEASE FILE THESE ARTICLES AND ISSUE A CERTIFIED COPY.**

A check in the amount of \$155.00 is enclosed for the filing fee and cost of the certified copy. Upon receipt of this request, please date-stamp the copy of this letter attached. Also, please call me at (850) 577-9090 x2832 when the certified copy is ready to be picked up.

Thank you for your assistance in this matter.

Sincerely,

*Mari-Jo Lewis-Wilkinson*

Mari-Jo Lewis-Wilkinson  
Paralegal

Enclosures

SUITE 600  
301 SOUTH BRONOUGH ST. (32301)  
POST OFFICE BOX 11189  
TALLAHASSEE, FL 32302-3189  
TEL 850-222-7717  
TEL 850-577-9090  
FAX 850-222-3494  
FAX 850-577-3311  
gray-robinson.com

CLERMONT  
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KEY WEST  
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ORLANDO  
TALLAHASSEE  
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E-MAIL ADDRESS  
mwilkinson@gray-robinson.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
07 AUG 15 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

GOOD - NYK, LLC

**ARTICLE II**  
**Address**

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

174 WEST COMSTOCK AVENUE, SUITE 114  
WINTER PARK, FLORIDA 32789

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement or Operating Regulations of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

<u>Name</u>	<u>Street Address</u>
M. Carson Good	174 West Comstock Avenue, Suite 114 Winter Park, Florida 32789

**ARTICLE V**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

JAMES BALLETTA  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FLORIDA 32801

*Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
REGISTERED AGENT'S SIGNATURE

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

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE'S SIGNATURE

JAMES BALLETTA, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

FILING FEES:  
\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)