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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

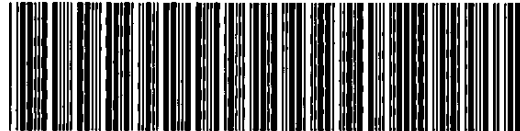
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07 AUG 28 PM 4:23

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 AUG 28 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 122907 7356589

AUTHORIZATION

COST LIMIT : \$125.00

FILED
07 AUG 28 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 28, 2007

ORDER TIME : 3:57 PM

ORDER NO. : 122907-005

CUSTOMER NO: 7356589

DOMESTIC FILING

NAME: VARONA-PARADIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Varona-Paradies, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5950 Fulton Industrial Blvd. SW

Atlanta, GA 30336

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

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 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, F.S..

Corporation Service Company

BY: Cynthia L. Harris

Registered Agent's Signature (REQUIRED)

Cynthia L. Harris

Asst. Vice President

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Mgr.

Gregg Paradies

5950 Fulton Industrial Blvd. SW

Atlanta, GA 30336

Mgr.

Don Marek

5950 Fulton Industrial Blvd. SW

Atlanta, GA 30336

Mgr.

Lou Bottino

5950 Fulton Industrial Blvd. SW

Atlanta, GA 30336

Mgr.

Robert de Varona

1175 College Boulevard

Pensacola, FL 32504

(Use attachment if necessary)

ARTICLE V: Effective date, if other than 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.)

REQUIRED SIGNATURE:



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.)

Don Marek

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)