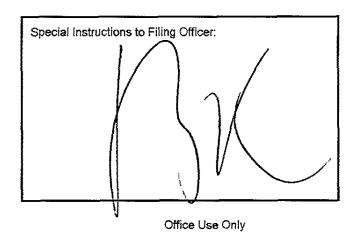
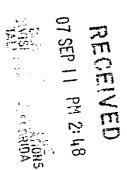
## L07000092682

| (Requestor         | 's Name)               |
|--------------------|------------------------|
| (Address)          |                        |
| (Address)          |                        |
| (City/Chated       | Zip/Phone #)           |
| (City/State/       | Zip/Prione #)          |
| PICK-UP            | WAIT MAIL              |
| (Business I        | Entity Name)           |
|                    |                        |
| (Document          | : Number)              |
| Cartified Conies C | 'aitificates of Status |





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| ACCOUNT NO. : 072100000032 =                          |            |
|---|------------|
| REFERENCE : 222/44 7148543                            |            |
| AUTHORIZATION:  |            |
| COST LIMIT : \$ 130.00                                | TAS 01     |
|   | PAR S      |
| ORDER DATE : September 11, 2007                       | 製二         |
| ORDER TIME : _12:31 PM                                | 360 至了     |
| ORDER NO. : 222244-005                                | ARY OF STA |
| CUSTOMER NO: 7448543                                  | PAR 5      |
|   | <b>7</b>   |
|   |            |
| DOMESTIC FILING                                       |            |
| NAME: PECPAR, LLC                                     |            |
|   |            |
| EFFECTIVE DATE:                                       |            |
| ARTICLES OF INCORPORATION                             |            |
| CERTIFICATE OF LIMITED PARTNERSHIP                    |            |
| XX ARTICLES OF ORGANIZATION                           |            |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:       |            |
| CERTIFIED COPY  |            |
| XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING |            |
|   |            |
| CONTACT PERSON: Susie Knight - EXT. 2956              |            |
| EXAMINER'S INITIALS:                                  |            |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   | OT SEP   |
|---|--|
| Pecpar, LLC   | 200 A  |
| (Must end with the words "Limited Liability Company, "Limited   | Company" or their abbreviation "LLC," or "L.C.   |
| ARTICLE II - Address: The mailing address and street address of the prin  | cipal office of the Limited Liability Company is:  |
| Principal Office Address:   | Mailing Address:   |
| 8441 Cooper Creek Blvd  | 8441 Cooper Creek Blvd   |
| University Park, Florida 34201  | University Park, Florida 34201   |
|   |  |
| business entity with an active Florida registration.)  The name and the Florida street address of the reg  David H. Baldauf  Name                       | gistered agent are:  |
|   |  |
| 8441 Cooper Creek Blvd Florida street addre   | ess (P.O. Box <u>NOT</u> acceptable)   |
| University Park   | 21 34201   |
| City, State, an   | <u>FL</u>  |
| liability company at the place designated in the registered agent and agree to act in this capacity.  statutes relating to the proper and complete perj | rcept service of process for the above stated limited is 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 ered agent as provided for in Chapter 608, F.S |

(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:

| "MGR" = N                                  | Name and Address:   |
|--|---|
|  | Managing Member   |
| MGR  | David H. Baldauf  |
|  | 8441 Cooper Creek Blvd  |
|  | University Park, FL 34243   |
|  |   |
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|  |   |
|  |   |
|  | nent if necessary)  |
| LE V: Effe<br>fective date<br>days after   | ctive date, if other than the date of filing: (OPTIC is listed, the date must be specific and cannot be more than five business the date of filing.)  D SIGNATURE:            |
| LE V: Effe<br>fective date<br>days after   | ctive date, if other than the date of filing: (OPTIC is listed, the date must be specific and cannot be more than five business the date of filing.)  Description: Signature: |
| LE V: Effe<br>fective date<br>days after ( | ctive date, if other than the date of filing: (OPTIC is listed, the date must be specific and cannot be more than five business the date of filing.)  D SIGNATURE:            |
| LE V: Effe<br>fective date<br>days after   | ctive date, if other than the date of filing: (OPTIC is listed, the date must be specific and cannot be more than five business the date of filing.)  Description: Signature: |
| LE V: Effe<br>fective date<br>days after ( | ctive date, if other than the date of filing:   |

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