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M. Thomas DEC 24 2007

# **COVER LETTER**

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SUBJECT:	Medal	lion Orlando, LLC		
Sobsec 1.			ted Liability Company)	
The enclosed	d Articles o	of Organization and fee(s) are	submitted for filing.	
Please return	all corresp	oondence concerning this ma	tter to the following:	
Ada	am Chi	lvers		
			(Name of Person)	
320	0 North	Magnolia Avenue	e, Suite A4	
			(Firm/Company)	
Orl	ando, l	Florida 32801		
			(Address)	
		(Ci	ty/State and Zip Code)	SECRETAN TALLAHASS
				AEG RE
For further in	nformation	concerning this matter, pleas	e call:	超 2
Adam Chilvers			at ( 407 ) 733-9463	
	(Name	e of Person)	(Area Code & Daytime Tele	phone Number)
England in	a abaale C	an tha fallancina amanut.		
		or the following amount:		
\$125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	,

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

FILEL

### ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

known as

### Medallion Orlando, L.L.C.

### Article I

NAME: The name of the Limited Liability Company is:

Medallion Orlando, L.L.C.

### Article II

PRINCIPAL OFFICE AND MAILING ADDRESS: The principal office and mailing address of this Limited Liability Company is:

320 North Magnolia Avenue, Suite A4, Orlando, Florida 327801.

### Article III

INITIAL REGISTERED AGENT AND REGISTERED OFFICE ADDRESS: The name and Florida street address of the initial registered agent is:

Adam Chilvers, 320 North Magnolia Avenue, Suite A4, Orlando, Florida 32801.

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, ES..

Registered Agent's Signature (REQUIRED)

## **ARTICLE IV**

MANAGER(S) OR MANAGING MEMBER(S):						
The name and address of each Manager or Managing Member is as follows:						
Title:	Name and Address:					
"MGR" = Manager "MGRM" = Managing Member						
MGRM Adam Chilvers	320 North Magnolia Avenue, Suite A4 Orlando, Florida 32801.					
Article V						
Effective date, if other than the date of filing:  (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.)						
Adam Chilvers 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)