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Florida Department of State  
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To:

Division of Corporations  
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From:

Account Name : WILLIAMS SCHIFINO ANGIONE & STEADY, P.A.  
Account Number : I20000000216  
Phone : (813) 221-2626  
Fax Number : (813) 221-7335

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

*Holdings*  
**Ararat, LLC**

Certificate of Status	0
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**L. SELLERS**

**EXAMINER**

**ARTICLES OF ORGANIZATION  
OF  
ARARAT HOLDINGS, LLC**

A Florida Limited Liability Company

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:

Ararat Holdings, LLC

**ARTICLE II — Address:**

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

117 S. Albany Avenue  
Tampa, Florida 33606

**ARTICLE III — Registered Agent:**

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

Lina Angelici, Esq.  
Williams Schifino Mangione & Steady, P.A.  
One Tampa City Center, Suite 3200  
Tampa, Florida 33602

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**ARTICLE IV — Management:**

The Company is to be managed by its member(s), and is therefore a member-managed limited liability company.

**ARTICLE V — Operating Agreement:**

Any Operating Agreement, as defined in Section 608.402(24) of the Florida Limited Company Act (the "Act"), relating to this Company must be in writing and signed by all of the members.

**ARTICLE VI — Limitation on Agency Authority of Members:**

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

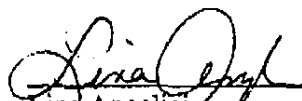
*Signature Page Follows.*

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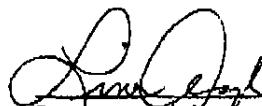
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IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 28<sup>th</sup> day of December, 2007.

  
Lina Angelici  
As Authorized Representative

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

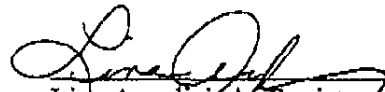
  
Lina Angelici

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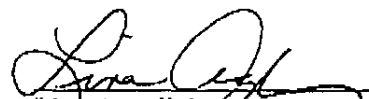
**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for Ararat Holdings, LLC at the place designated in this statement below. 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 of the Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent effective as of the 28<sup>th</sup> day of December, 2007.

  
\_\_\_\_\_  
Lina Angelici, AS Registered Agent  
Williams Schifino Mangione & Steady, P.A.  
One Tampa City Center, Suite 3200  
Tampa, Florida 33602

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

  
\_\_\_\_\_  
Lina Angelici

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