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GRAYROBINSON

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Carrie L. Ramos
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

FLORIDA/FOREIGN LIMITED LIABILITY CO.

6850 W State Road 46, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN - 8 2008

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EXAMINER

H080000042433

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

6850 W STATE ROAD 46, LLC

ARTICLE II - Address:

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

Mailing Address

P.O. BOX 1119

SANFORD, FL 32772-1119

Principal Office Address

701 CODISCO WAY

SANFORD, FL 32771

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

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

LISA A. SPECHT, ESQ.
 301 E. PINE STREET, SUITE 1400
 ORLANDO, FL 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, F.S.



REGISTERED AGENT'S SIGNATURE

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

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company. The name and address of each Manager is as follows:

Title:

MGR

Name and Address:

RICHARD A. GIRARD

P.O. BOX 1119

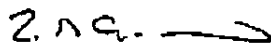
SANFORD FL 32772-1119

MGR

WILLIAM R. GIRARD

P.O. BOX 1119

SANFORD FL 32772-1119



AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

RICHARD A. GIRARD

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)

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