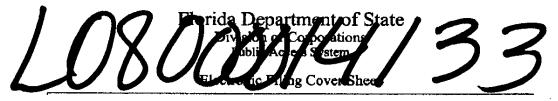
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To:

Division of Corporations

Fax Number : (850) 617-6383

From: GAIL S. ANDRE'

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600

Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN
A CERTIFICATION AND CERTIFICATE OF STATUS TO HE AS SOON AS POSSIBLE. THANK
YOU FOR YOUR ASSISTANCE IN THIS MATTER.

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### ACCORDIA WOODS, LLC

 Certificate of Status
 1

 Certified Copy
 1

 Page Count
 01

 Estimated Charge
 \$160.00

D. BRUCE

FEB 07 2008

**EXAMINER** 

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# ARTICLES OF ORGANIZATION OF ACCORDIA WOODS, LLC

### **ARTICLE I - NAME**

The name of this limited liability company is Accordia Woods, LLC (the "Company").

#### **ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 14010 Roosevelt Blvd., Suite 709, Clearwater, FL 33762.

#### ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is James J. Hoctor.

#### **ARTICLE IV - MANAGEMENT**

The Company is to be managed by a manager and is, therefore, a manager-managed company.

Signature of a Member or an Authorized Representative of a Member

James J. Hoctor

Typed or Printed Name of Signer

#### ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the place 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, Florida Statutes.

James Lifloctor

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