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Division of Corporations

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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: **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 ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SEDONA ACQUISITION II LLC**

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

**J. BRYAN**

MAR 28 2008

**EXAMINER**

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**ARTICLES OF ORGANIZATION  
OF  
SEDONA ACQUISITION II LLC**

**ARTICLE I - NAME**

The name of this limited liability company is SEDONA ACQUISITION II LLC  
"Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 320  
North Main Street, Suite 200, Ann Arbor, Michigan 48104.

**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 Gary M. Kaleita.

**ARTICLE IV - MANAGEMENT**

The Company is to be managed by one or more managers and is, therefore, a manager-  
managed company.



\_\_\_\_\_  
Signature of a Member or an Authorized  
Representative of a Member

Gary M. Kaleita

\_\_\_\_\_  
Typed or Printed Name of Signer

**ACCEPTANCE OF REGISTERED AGENT**

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, Florida Statutes.



\_\_\_\_\_  
Gary M. Kaleita

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