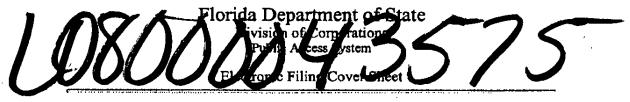
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To:

Division of Corporations

Fax Number : (850)617-6383

GAIL S. AMDRE'

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED,

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 TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE

IN THIS MATTER.

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## FAMLEE RETAIL MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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D. BRUCE

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**EXAMINER** 

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## ARTICLES OF ORGANIZATION OF FAMILEE RETAIL MANAGEMENT, LLC

#### **ARTICLE I - NAME**

The name of this limited liability company is Famlee Retail Management, LLC (the "Company").

## **ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 6509 Hazeltine National Drive, Suite 6, Orlando, Florida 32822.

## ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 6509 Hazeltine National Drive, Suite 6, Orlando, Florida 32822 and the name of the initial registered agent of the Company at that address is Richard T. Lee.

Richard T. I/ee, Member or Authorized Representative of a Member

#### 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.

Richard T.)Lo

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