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| PICK-UP WAIT MAIL |
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EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 601540 4305628

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AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: June 6, 2008

ORDER TIME : 5:07 PM

ORDER NO. : 601540-005

CUSTOMER NO: 4305628

DOMESTIC FILING

NAME: WILLIAM THE CONQUEROR, LLC

EFFECTIVE DATE:

XX ___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compa | ny is: |
|--|--|
| WILLIAM THE CONQUEROR, LLC | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (Must end with the words "Limited | d Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of | the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: c/o Carolyn S. Nachmlas Schnader Harrison Segal & Lewis LLP |
| 1661 Lakefield North Ct. | 1600 Market Street, Suite 3600 |
| Wellington, FL 33414 | Philadelphia, PA 19103 |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of | |
| Corporation Service Com | pany Name |
| 1201 Hays Street | eet address (P.O. Box <u>NOT</u> acceptable) |
| Tallahassee | FT_ 32301 |
| City, S | State, and Zip |
| Having hoon named as registered agent as | ad to accent service of process for the above stated limited |

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.

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

| 1600 Market Street, Suite 3600 |
|--------------------------------|
| Philadelphia, PA 19103 |
| |
| |
| |
| |
| |
| |
| |
| te of filing: (OPTIONA |
| |

KEQUIKED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

Carolyn S. Nachmias, Authorized Representative

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)