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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:

Account Name : AKERMAN SENTERFITT (ORLANDO)
Account Number : 076656002425
Phone : (407) 423-4000
Fax Number : (407) 843-6610

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PMJ PROPERTIES II, LLC

Certificate of Status	0
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EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
PMJ PROPERTIES II, LLC**

ARTICLE I - Name

The name of the Limited Liability Company is: **PMJ PROPERTIES II, LLC.**

ARTICLE II - Address

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

324 West Gore Street
Orlando, Florida 32806

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV - Management

The name and address of each manager or managing member is as follows:

<u>Title</u>	<u>Name and Address</u>
Managing Member	Mears Acquisition Company, a Florida corporation 324 West Gore Street Orlando, Florida 32806

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

Swann & Hadley, P.A.
1031 West Morse Boulevard
Suite 350
Winter Park, Florida 32789

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TALLAHASSEE, FLORIDA

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MEARS ACQUISITION COMPANY
Managing Member

7/9/08
(Date)

By: Timothy Baker
As its: Secretary

(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.)

REGISTERED AGENT ACCEPTANCE:

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.

Swann & Hadley, P.A.

By: [Signature]

7/9/08
Date

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STATE OF FLORIDA
SECRETARY OF STATE

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