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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335 : (305)599-0839 Phone

: (305)716-0346 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LIZZI LAND, LLC.

Certificate of Status Certified Copy 1 02 Page Count stimated Charge \$155.00

tronic Filing Menu

Help

NOV -4 2008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

| LIZZI LAND, LLC. | |
|---|--|
| | nited Liability Company, "L.L.C.," or "LLC.") |
| • | |
| ARTICLE II - Address: | |
| ARTICLE II - Address: The mailing address and street address | of the principal office of the Limited Liability Company |
| | of the principal office of the Limited Liability Company Mulling Address: |
| The mailing address and street address | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| , | DEBBIE HEFNER |
|---|--|
| | Name |
| | 1550 SE 8TH ST |
| | Florida street address (P.O. Box NOT acceptable) |
| | OCALA, FL 34471 |
| | City. State, and Zip |

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.

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)

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RECRETARY OF STATE

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| <u> Title:</u> | | Name and Address: |
|---|---|--|
| "MGR" = Manager | | |
| "MGRM" = Managing I | Member | |
| IGRM | | DEBBIE HEFNER |
| | | 1550 SE 8TH ST |
| | | OCALA, FL 34471 |
| MGRM | • | TIMOTHY HEFNER |
| ······································ | , - | 1550 SE BTH ST |
| • | | OCALA, FL 34471 |
| | | |
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| | • | |
| (Use attachment if nece | rsary) | |
| LE V: Effective date, if | other than the c e date must be filing.) | date of filing: (OPTIC specific and cannot be more than five business |
| LE V: Effective date, if fective date is listed, the days after the date of the REQUIRED SIGNAT | other than the code date must be filing.) TURE: | date of filing: (OPTIC specific and cannot be more than five business Wee Little Tor an authorized representative of a member. |
| LE V: Effective date, if Meetive date is listed, the days after the date of f REQUIRED SIGNAT Signa (In ac of this item) | other than the codate must be filing.) CURE: ture of a member cordance with secretarics | specific and cannot be more than five business of an authorized representative of a member. tion 608,408(3), Florida Statutes, the execution tutes an afficulation under the penaltics of perjuty etcia are true.) |

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