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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SWAN VALLEY MANAGEMENT COMPANY OF FLORIDA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
SWAN VALLEY MANAGEMENT COMPANY OF FLORIDA, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is SWAN VALLEY MANAGEMENT COMPANY OF FLORIDA, LLC.

ARTICLE II – Address:

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

10105 Parley Drive
Tampa, Florida 33626

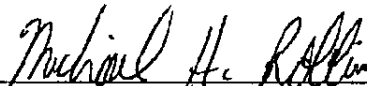
ARTICLE III – Management:

The Limited Liability Company is to be managed by a manager or managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 13th day of March 2009.

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Signature of 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.)

Michael H. Robbins
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

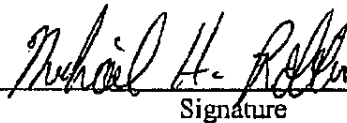
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **SWAN VALLEY MANAGEMENT COMPANY OF FLORIDA, LLC.**

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

Michael H. Robbins
101 E. Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.



Signature

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