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Phone : (608)827-5300

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TARY OF STATE ASSEE, FLORIDA アルトロ

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Summit Peak Holdings, LLC

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ECRETARY OF STATE
LAHASSEE, FLORIDA

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FAX AUDIT # H090000784223

ARTICLES OF ORGANIZATION OF Summit Peak Holdings, LLC

ARTICLE 1

NAME

The name of the limited liability company shall be: Summit Peak Holdings, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 999 Charles Street, Longwood, Florida 32750.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Brett Lawicki, 999 Charles Street Longwood, Florida 32750. Located in the County of Seminole.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Brett Lawicki, 999 Charles Street, Longwood, Florida 32750

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: March 30, 2009

WI 53717

(608) 827-5300

FAX AUDIT # H090000784223

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FAX AUDIT # H090000784233

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Summit Peak Holdings, LLC

The name and address of the registered agent and office is Brett Lawicki, 999 Charles Street Longwood, Florida 32750. Located in the County of Seminole.

Having been named as registered agent and to accept service of process for the above stated 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 statute relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent.

Signature

Brett Lowicki

Date: 4/1/09