Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

: GARTNER BROCK & SIMON

Account Name Account Number : 119990000204 · ; (904)399-0870 Phone

Fax Number

: (904) 399-1113

FLORIDA/FOREIGN LIMITED LIABILITY CO.

COHA, LLC

| Certificate of Status | |
|-----------------------|----------|
| Certified Copy | 1 |
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S. HAWKES VERSE 20091 **EXAMINER**

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ARTICLES OF ORGANIZATION OF COHA, LLC

The undersigned, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company shall be COHA, LLC.

ARTICLE II **ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: B37 Dolly Madison Boulevard, McLean, Virginia 22101.

ARTICLE III **PURPOSE**

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV DURATION

The period of duration for the Limited Liability Company shall commence on September 25, 2009, and shall continue perpetually, unless terminated: (i) in accordance with the Company's Operating Agreement or (ii) by the unanimous written agreement of all Members.

ARTICLE V MANAGEMENT

The Company shall be conducted, corried on, and managed by no fewer than one (1) Manager, who shall be elected annually by the Members of the Company in the manner prescribed by and provided in the Operating Agreement of the Company. Such Manager shall also have the rights and responsibilities described in the Operating Agreement of the Company. The name and address of the initial Manager is as follows:

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Victor R. Fransen 837 Dolly Madison Baulevard McLean, Virginia 22101

Such Manager shall serve in such capacity until the first annual meeting of the Members or until their successors are duly elected and qualified.

ARTICLE VI ADMISSION OF ADDITIONAL MEMBERS

Additional Members may be admitted upon the approval of a majority of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of the Company.

ARTICLE VII ADOPTION OF OPERATING AGREEMENT

The Company shall adopt an Operating Agreement for the Company, which Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with these Articles of Organization or Chapter 608, <u>Fla. Stat.</u>

ARTICLE VIII REGISTERED AGENT AND OFFICE

The Company designates 10175 Fortune Parkivay, Suite 1201, Jacksonville, Florida 32256 as the street address of the initial registered office of the Company and names Gus Sankers, as the Company's initial registered agent at that address to accept service of process within this State.

ARTICLE IX CONTINUATION OF BUSINESS

Unless dissolved in accordance with the Company's Operating Agreement, the remaining Members shall continue the business of the Company, which shall not be dissolved, upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this day of September, 2009.

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered.

- 1. The name of the limited liability company is: COFIA, LLC.
- 2. The name and address of the registered agent and office is:

Gus Sankers 10175 Portune Parkway, Suite 1201 Jacksonville, Florida 32256

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.

GUS SANKERS

Date: Septembe 25