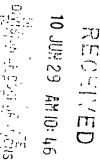
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINER

JUL - 1 2010



RATION SERVICE COMPANY ACCOUNT NO. : I2000000195 REFERENCE: 431227 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: June 28, 2010 ORDER TIME : 9:04 AM ORDER NO. : 431227-005 CUSTOMER NO: 4354503 DOMESTIC FILING NAME: AF ACQUISITION COMPANY, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 29, 2010

SUSIE KNIGHT CSC TALLAHASSEE, FL RESUBMI

Please give original auomission date es file date.

SUBJECT: AF ACQUSITION COMPANY, LLC

Ref. Number: W10000031031

We have received your document for AF ACQUSITION COMPANY, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 810A00015944

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	6
TOUCHDOWN ACQUISITION COMPANY, LLC (Most end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	JUH 20
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabi	7

Principal Office Address:

Mailing Address:

o Fiorida Bank Group, Inc.	c/o Florida Bank Group, Inc
01 North Franklin Street, Suite 2800	201 North Franklin Street, Suite 2800
итра, FL 33 6 02	Tampa, FL 33602

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration 1.

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

	Corpo	ration	Service	Company
The target		Name	\$ ~~~~~ * * * * * * * * * * * * * * * *	(mindential) of the adversarial distribution associates
1201	Hays S	Street		
Florida street address (P.O. Box NOT acceptable)				
Talla	hasse	е	EL 32	3.0.1
WWW	·····	City, Stat	e, and Zip	The same of the sa

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 air 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.

Sue G. Knight as its agent

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Florida Bank Group Inc. 201 North Franklin Street, Suite 2800 Tampe H. 33802
administration for the telephone and indicate the Add Section of the Contract	
umanagan formen 1993 andre in a colonia a colonia a presentatione	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	ne date of filing:
REQUIRED SIGNATURE:	
(In accordance with s of this document con that the facts stated b	her oran authorized representative of a member. section 608,408(3). Florida Statutes, the execution stitutes an affirmation under the penalties of perjury neigh are true.) A DEVIMO H typed of printed name of signee
Filing Fees:	

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)