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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number (850) 617-6383

From:

GAIL S ANDRE
Account Name : LOWMEES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
HABADA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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JAN 26 2011

EXAMINER

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**ARTICLES OF ORGANIZATION
OF
HABADA, LLC**

ARTICLE I NAME

The name of this limited liability company is HABADA, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 13145 Palmer Drive, Clermont, Florida 34711.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Gary R. Soles.

ARTICLE IV MANAGEMENT

The Company is to be managed by one or more members and is, therefore, a member-managed company.

Signature of a Member or an Authorized
Representative of a Member

Gary R. Soles

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

Gary R. Soles

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