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To: Division of Corporations
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From: Carrie L. Ramos, Paralegal please fax confirmation to (407) 244-5690
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
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FLORIDA LIMITED LIABILITY CO.
HISTORICO, LLC

Certificate of Status	0
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EXAMINER

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

HISTORICO, LLC

ARTICLE II - Address:

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

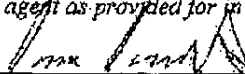
2629 ARDSLEY DRIVE
ORLANDO, FLORIDA 32804

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

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

JAMES POCHUREK
920 MAPLETON TERRACE
JACKSONVILLE, FLORIDA 32207

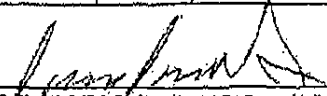
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, F.S.


REGISTERED AGENT'S SIGNATURE

Article IV - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company. The name and address of each initial Manager is as follows:

Title:	Name and Address:
MGR	James Pochurek 920 Mapleton Terrace Jacksonville, FL 32207
MGR	Anne V. Stokes 2629 Ardsley Drive Orlando, FL 32804


AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

JAMES POCHUREK
Typed or printed name of signee

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