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Florida Department of State
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To:

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Fax Number : (850) 617-6383

From:

GAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KA NTOR & REED, P.A.

Account Number : 072720000036

Phone : (407) 843-4600

Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES 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.
GROWWWWLEE GP, LLC**

Certificate of Status	0
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B. KOHR

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ARTICLES OF ORGANIZATION
OF
GROWWWWLEE GP, LLC

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

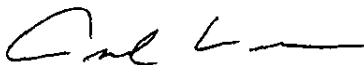
The mailing address and street address of the principal office of the Company is 6509 Hazeltine National Drive, Suite 6, Orlando, Florida 32822.

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 Amanda F. Wilson.

ARTICLE IV - MANAGEMENT

The Company is a member-managed limited liability company, and the initial managing member of the Company is Silence/Summer Lee, Inc., a Florida corporation.



Amanda F. Wilson, Authorized Representative of a
Member

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.



Amanda F. Wilson

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