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To: Division of Corporations
Fax Number : (850) 617-6383

From: GAIL S ANDRE
Account Name : LOWNDES, 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.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
LinnGen LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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ARTICLES OF ORGANIZATION
OF
LINNGEN LLC

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

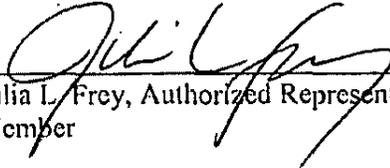
The mailing address and street address of the principal office of the Company is
Dunmar Circle, Winter Springs, Florida 32708.

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 Julia L. Frey.

ARTICLE IV - MANAGEMENT

The Company is a member-managed limited liability company and the initial managing
members of the Company are W. Michael Linn and Elizabeth S. Linn.



Julia L. Frey, 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.



Julia L. Frey

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