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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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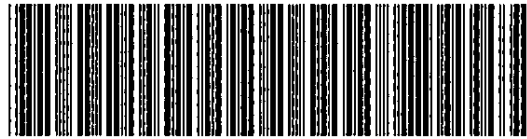
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 01-07-13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 9 2013

EXAMINER

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January 7, 2013

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• FL & NY Bars
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° PA Bar

Via Federal Express, Priority Overnight

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: GHP Asset Company, L.L.C.
Formation of Florida Limited Liability Company

Dear Sir/Madam:

Please be advised that I represent the members of the GHP Asset Company, L.L.C. and on their behalf, enclose an original Articles of Organization and Designation of Registered Agent along with payment in the amount of \$155.00 made payable to "Florida Department of State" representing the filing fee of \$125.00 and the \$30.00 fee for a Certified Copy.

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AVOLIO & HANLON, P.C.
Page Two

Kindly file process the enclosed and return the Certified Copy to me in the envelope provided for your convenience.

Thank you for your attention to this matter. Should you have any questions please do not hesitate to contact me.

Very truly yours,
AVOLIO & HANLON, P.C.



By: _____
Robert P. Avolio, Esquire

RPA/cs
Encls.

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GHP Asset Company, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

c/o Robert P. Avolio, Esquire

2730 US # 1 South, Suite C

St. Augustine, Florida 32086

Mailing Address:

c/o Robert P. Avolio, Esquire

2730 US # 1 South, Suite C

St. Augustine, Florida 32086

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.)

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

Robert P. Avolio, Esquire

Name

2730 US #1 South, Suite C

Florida street address (P.O. Box **NOT** acceptable)

St. Augustine

FL

32086

City, State, and Zip

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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 (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GHP Management, L.L.C., c/o Sam Green

5299 DTC Boulevard, Suite 350

Greenwood Village, Colorado 80111

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TALLAHASSEE, FLORIDA

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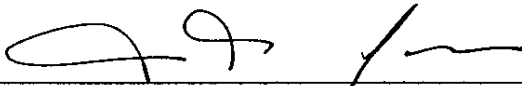
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 7, 2013. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert P. Avolio, Esquire

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)