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

From: Account Name : GREENBERG TRAUIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407) 418-2435  
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**FLORIDA LIMITED LIABILITY CO.**  
**Lake Oliver, LLC**

Certificate of Status	1
Certified Copy	1
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K. SALY  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:** The name of the Limited Liability Company is:

LAKE OLIVER, LLC

**ARTICLE II - Address:**

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

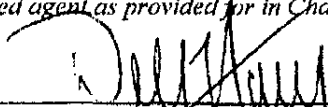
2281 Lee Road, Suite 204  
Winter Park, Florida 32789


**ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:**

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

**Name:** Dell Avery  
**Address:** 2281 Lee Road, Suite 204  
Winter Park, Florida 32789

*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

  
\_\_\_\_\_  
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.)

Dell Avery  
Typed or printed name of signor