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Andre, Gail

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Florida Department of State
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From:

GAIL S. ANDRE

Account Name : LOWMEYER, DROSDICK, DOSTER, FANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION OF NECTARI, LLC AND RETURN 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.
NECTARI, LLC

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Help

ARTICLES OF ORGANIZATION
OF
NECTAR1, LLC

ARTICLE I - NAME

The name of this limited liability company is Nectar1, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The street address and mailing address of the Company's principal office is 215 North Eola Drive, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED 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 James F. Heckin, Jr.

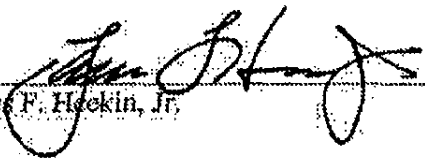
ARTICLE IV - MANAGEMENT

The Company is manager-managed for purposes of Section 605.0407, Florida Statutes, and other relevant provisions of Chapter 605, Florida Statutes.


James F. Heckin, Jr., Authorized Representative

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 605, Florida Statutes.


James F. Heckin, Jr.