

**L14000032428**

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

From: Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I20030000004  
Phone : (407) 835-6959  
Fax Number : (407) 843-4076

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FLORIDA LIMITED LIABILITY CO.  
PROURBIA, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**PROURBIA, LLC**

**ARTICLE II - Address**

The mailing address of the Limited Liability Company is as follows:

1165 East Plant Street, Suite 8  
Winter Garden, FL 34787

The street address of the principal office of the Limited Liability Company is as follows:

1165 East Plant Street, Suite 8  
Winter Garden, FL 34787

**ARTICLE III - Management**

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial Manager shall be **Curtis D. Yoder**.

**ARTICLE IV - Registered Agent and Office and  
Registered Agent's Signature**


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

**CORPORATION COMPANY OF ORLANDO**  
300 South Orange Avenue  
Suite 1000 (RJN)  
Orlando, Florida 32801

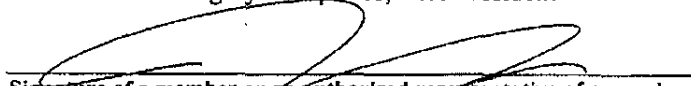
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

**CORPORATION COMPANY OF ORLANDO**

By:

  
(Registered Agent's Signature)

**J. Gregory Humphries, Vice President**

  
Signature of a member or an authorized representative of a member

**R. John Nadja, Esquire, Authorized Representative**

(In accordance with section 605.0203 (1) (b), 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, Florida Statutes).

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