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Division of Corporations

Andre, Gail

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Florida Department of State
Division of Corporations
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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
T & L 819, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION**OF****T & L 819, LLC****ARTICLE I - NAME**

The name of this limited liability company is T & L 819, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

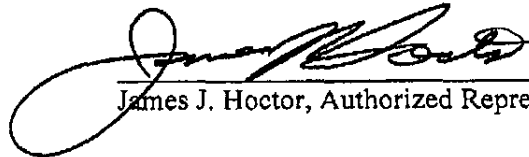
The mailing address and street address of the principal office of the Company is 5115 Cranes Roost Point, Orlando, Florida 32839.

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 James J. Hctor.

ARTICLE IV - MANAGEMENT

The Company is a manager-managed company and the initial manager of the Company is Terry C. Young.

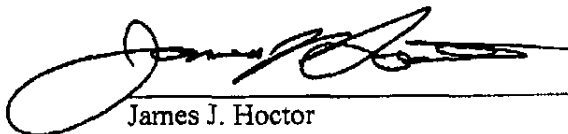


James J. Hctor, Authorized Representative

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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 J. Hctor