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Division of Corporations

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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:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407) 835-6959
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FLORIDA LIMITED LIABILITY CO.
CORINTHIAN RESOURCES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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14 JUN 30 PM 3:07
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TALLAHASSEE, FLORIDA

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is:

CORINTHIAN RESOURCES, LLC

ARTICLE II – Address

The mailing address and the street address of the principal office of the Limited Liability Company is 1414 Gay Road, Suite 203, Winter Park, Florida 32789.

ARTICLE III – Management

The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

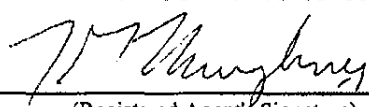
<u>Title</u>	<u>Name and Address</u>
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Michael J. Appleton 1414 Gay Road, Suite 203 Winter Park, Florida 32789

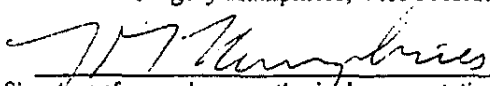
ARTICLE IV – Registered Agent and Office and Registered Agent's Signature

The name and the Florida street address of the registered agent are: Corporation Company of Orlando, 300 S. Orange Avenue, Suite 1000 (DTO), 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 authorized representative of a member
J. Gregory Humphries, Esquire, Authorized Representative
(Typed or printed name of signee)

(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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