Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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)835-6769 Fax Number : (407)843-4076

Enter the email address for this business entity to be used for future \cdots annual report mailings. Enter only one email address please.

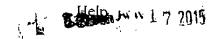
Email Address:

corpmail@shutts.com

FLORIDA LIMITED LIABILITY CO. SWEETING CAPITAL, LLC

Certificate of Status	0
Certified Copy	
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

SWEETING CAPITAL, LLC

ARTICLE II - Address

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

150 East Robinson Street, Suite 3207 Orlando, Florida 32801 15 APR 16 PM L: 58
SECRETARY OF STATE

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

150 East Robinson Street, Suite 3207 Orlando, Florida 32801

ARTICLE III - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company.

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 us 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

(Registered Agent's Signature)

J. Gregory Humphries, Vice President

Signature of a member or an authorized representative of a member R. John Nadjafi, 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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