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

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

Email Address:

corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.  
OAK HAMMOCK PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

OAK HAMMOCK PARTNERS, LLC

**ARTICLE II - Address**

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

303 E. Par Street  
Orlando, Florida 32804

**ARTICLE III - Management**

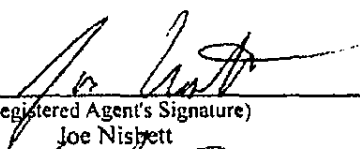
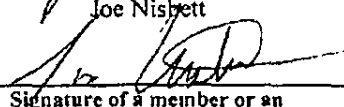
The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager will be Joseph W. Nisbett.

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

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

Joe Nisbett  
303 E. Par Street  
Orlando, Florida 32804

*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.*

  
\_\_\_\_\_  
(Registered Agent's Signature)  
Joe Nisbett  
  
\_\_\_\_\_  
Signature of a member or an  
authorized representative of a member.  
Joe Nisbett, Authorized Representative

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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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