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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

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.
DMW Exit, LLC

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|-----------------------|----------|
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TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name**

The name of the Limited Liability Company is:

DMW EXIT, LLC

ARTICLE II - Address

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

5300 Eagleston Boulevard
Wesley Chapel, Florida 33544**ARTICLE III - Management**

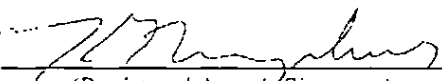
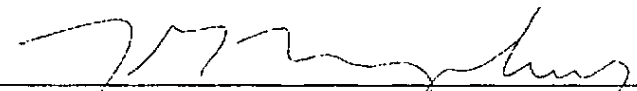
The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be David Williams.

**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 (JGH)
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
J. Gregory Humphries, Esquire, Authorized Representative**FILED**
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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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