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| Special Instructions to . | Filing Officer: |
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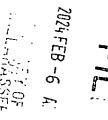
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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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| | GS | | |
| XX | FILING | LLC | |
| , | 30470 COMMERCE | DR LLC | |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liab | ility Company is: | | |
|--|--|---|---|
| 30470 COMMER | CE DR LLC | | |
| (Must co | ontain the words "Limited | Liability Corr | ipany, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and stree | t address of the principal c | office of the L | imited Liability Company is: |
| Principal Office Address: | | | Mailing Address: |
| 1000 LEGION PL | ACE | | 1000 LEGION PLACE |
| SUITE 1200 | | | SUITE 1200 |
| ORLANDO, FLO | RIDA 32801 | | ORLANDO, FLORIDA 32801 |
| | J. TODD SOUTH | Name | |
| | <u></u> | Name | |
| | 1000 LEGION PLAC | CE, SUITE 12 | 200 |
| | Florida street addres | s (P.O. Box 🕭 | <u>(OT</u> acceptable) |
| | ORLANDO | FL | 32801 |
| | City | State | Zip |
| lace designated in this certifica irther agree to comply with the | te, I hereby accept the appo provisions of all statutes re obligations of my position of | ointment as re elating to the p as registered d | for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED) |

| "AMBR" = Authorized Member | Name and Address: | |
|---|---|---|
| "MGR" = Manager <u>MGR</u> | J. TODD SOUTH 1000 LEGION PLACE, SUITE 1200 ORLANDO, FLORIDA 32801 | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| effective date is listed, the date must be sp te of filing.) If the date inserted in this block does not | e of filing: secific and cannot be more than five busine meet the applicable statutory filing requirem of State's records. | ess days prior to or 90 day nents, this date will not be |
| ocument's effective date on the Department | or blace browner. | 70/41-68 |

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes) 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, F.S.

J. TODD SOUTH

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)