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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : HOLLAND & KNIGHT (FT. LAUDERDALE)

Account Number: 075410003271 Phone: (954)525-1000 Fax Number: (954)463-2030

LIMITED LIABILITY COMPANY

Sovereign Property Group, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

OF

SOVEREIGN PROPERTY GROUP, L.L.C.

These Articles of Organization have been duly executed and are being filed by the undersigned, as an authorized person, to form a limited liability company under the Florida Limited Liability Company Act, as amended (Florida Statutes, Sections 608.401, et seq.).

ARTICLE I - NAME

The name of the limited liability company (the "LLC") is:

SOVEREIGN PROPERTY GROUP, L.L.C.

ARTICLE II - MAILING AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LLC

The mailing and street address of the principal office of the LLC is:

3260 University Boulevard, Suite 210 Winter Park, Florida 32792

ARTICLE III - NAME AND STREET ADDRESS OF INITIAL REGISTERED AGENT

The name and street address of the initial registered agent of the LLC for service of process in the State of Florida is:

> CT Corporation 1200 South Pine Island Road Plantation, Broward County, Florida 33324

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the 11th day of November, 1999.

eixner. Authorized Person.

FTL1 #461552 v1

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Lin	nited Liability Company is:	Zo :	ဂ္ဂ
Sovereign Property Group.	L.L.C.	CR A	NON PP
2. The name and the F	orida street address of the registered agent and o	office are: 설구	12 PM
C T Con	ocetion System	FLC	ű
	(Name)	JRID ATE	23
<u> </u>	corporation System, 1200 South Pine Island Road		
	Florida street address (P.O. Box NOT ACCEPTABL	Œ)	
Plantation	FL 33324		
	City/St#e/Zip		
liability company at the a agent and agree to act in relating to the proper an	rgistered agent and to accept service of process for clace designated in this certificate, I hereby accept this capacity. I further agree to comply with the I complete performance of my duties, and I am fan n as registered agent as provided for in Chapter 6	the appointment as registered provisions of all statutes niliar with and accept the	

C T Corporation System
PETER F. SOUZA
ASSISTANT SECRETARY
(Signature)

\$ 100.06 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)