	ACCOUN'	T NO. : 0'	72100000032			
	REFE	RENCE : 6	76428 7212	2130		
	AUTHORIZA	ATION :	Patrici	D: /		
	COST I	LIMIT : \$	125.00	MAL		
ORDER DAT	E: April	26, 2000				~ = ~ · ~
ORDER TIM	3: 12:53	PM				
ORDER NO.	<del>-</del> 676428	3-005	-			
CUSTOMER I	TO: 721	.2130	=" -		-	
CUSTOMER:	MR. JEFFR	EY MORDAS	-	0000	1032367	720
	Hatfield,	PA 19440	 		-	~ <u>.</u>
	DOM	ESTIC FILI	<u>ng</u>	<u>-</u>		
NAM	E: TLC	LLC	L-5036			
	EFF)	ECTIVE DATE	⊒: <u> </u> —		DEPZ DIVISIO TALL	D
XX ARTT	CLES OF INC IFICATE OF	CORPORATION LIMITED PA	N ARTNERSHIP		ARTMENT ON OF CO LAHASSE	E M
CERT						<b>)</b>

S SECRETARY OF STATE TALL AND A S1:01HA E- YAH 00

LIFED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

TLC LLC

## ARTICLE II - Address:

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

7579 WEST COUNTRY CLUB BOULEVARD, BOCA RATON, FLORIDA 33487

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CORPORATION S	SERVICE COMPANY
Na	me
1201 HA	YS STREET
Florida street address (P.C	O. Box NOT acceptable)
TALLAHASSEE	FL 32301
City, Stat	e, and Zip

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 608, F.S..

Article IV - Managemen	(Check box if applicable.)
------------------------	----------------------------

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)	SECRI TALLA	00 HA	See See See
Signature of a member or an authorized representative of a member.		< 1	ē j
of this document constitutes an affirmation under the penalties of perjury	SSEE FLI	3 AM IO	
Laura R. Dunlap	25	<del></del>	
Typed or printed name of signee		2	

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)