

FROM HILL, WARD, HENDERSON, P.A.

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**Florida Department of State**

**Division of Corporations**

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**To:**

**Division of Corporations  
Fax Number : (850) 922-4003**

**From:**

**Account Name : HILL, WARD & HENDERSON, P.A. II  
Account Number : 072100000520  
Phone : (813) 221-3900  
Fax Number : (813) 221-2900**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**00 NOV -3 PM 2:28**

**RECEIVED**

**LIMITED LIABILITY COMPANY**

**RSP Holdings, LLC**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**00 NOV -3 AM 9:25**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the limited liability company is: **RSP HOLDINGS, LLC**

**ARTICLE II - Address**

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

28100 U.S. Highway 19 N  
Suite 201  
Clearwater, Florida 33761

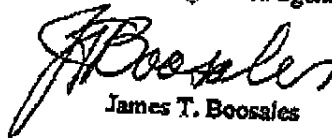
**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - Registered Office/Registered Agent**

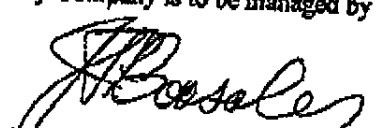
The name of the Limited Liability Company's registered agent is James T. Boosales, and his address is 28100 U.S. Highway 19 N, Clearwater, Florida 33761.

*Having been named 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.*

  
James T. Boosales

**ARTICLE V - Management**

The Limited Liability Company is to be managed by its members.

 11/3/00.  
James T. Boosales, an authorized representative of the members:  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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