LOCOLO //480 CERTIFIED PUBLIC ACCOUNTANT

RTIFIED POBLIC ACCOUNTAIN 8834-14 Goodby's Executive Dr. Jacksonville, Florida 32217 (904)731-4846

July 6, 2001

TRANSMITTAL LETTER

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: TKI, LLC

400004471004--0 -07/12/01--01031--004 ****160.00 ****160.00

Enclosed is an original and one (1) copy of the articles of organization and a check payable to Department of State in the amount of \$160.00 to cover the following:

- 1. Filing Fee
- 2. Designation of Registered Agent
- 3. Certified Copy
- Certificate of Status

The certified copy of the Articles and the certificate should be mailed to Roy Miller, 8834-14 Goodby's Executive Dr., Jacksonville, Florida 32217. Thank you.

Sincerely,

Roy Miller

Roy Mlex

RM/sdr Enclosures

ARTICLES OF ORGANIZATION

OF

TKI, LLC

The undersigned, for the purpose of forming a limited liability company for profit under the laws of Florida, hereby adopts the following Articles of Organization:

ARTICLEI

Name

The name of the Limited Liability Company is TKI, LLC.

ARTICLEII

Address

The mailing address and street address of the principal office of the Limited Liability Company is 1397 Caddell Dr., Jacksonville, FL 32217.

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

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

Tom Kavanaugh 1397 Caddell Dr. Jacksonville, FL 32217 OI JUL IZ PM 4: CO SECRETARY OF STATE TALLAMASSEE, FLORIDA

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.

Registered Agent's Signature

ARTICLE IV

Management (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.

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statuer, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signer

SECRETARY OF STATE