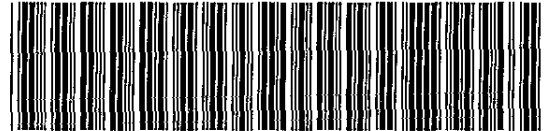


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03 FEB 20 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF CORPORATION

Office Use Only

CT CORPORATION

February 20, 2003

FILED
03 FEB 20 PM
SECRETARY OF STATE
TALLAHASSEE, FL

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5792669 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Tampa Bay Investment and Management Group, LLC (FL)
Formation
Florida

Florida Ice Age Company, LLC (FL)
Formation
Florida

*Thanks,
Melanie*

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:
Florida Ice Age Company, LLC

03 FEB 20 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
6620 Stonington Drive
Tampa, Florida 33647

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

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

CT Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State, 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.

CT Corporation System
By: Luan Davis asst secy
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Jane E. Hepner
Signature of a member or an authorized representative of a member.

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

Jane E. Hepner, Esquire
Typed or printed name of signee

- 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)