

JUL-23-2003 WED 05:34 PM Shutts & Bowen, LLP  
Division of Corporations

FAX NO. 3053819982

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**W03000027132**

Florida Department of State  
Division of Corporations  
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From:  
Account Name : SHUTTS & BOWEN, LLP  
Account Number : 076447000313  
Phone : (305) 358-6300  
Fax Number : ~~(305) 347-7776~~ 305-347-7875

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**LIMITED LIABILITY COMPANY**

Tip Top Market Research LLC

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

**W03-27132**  
**QR**

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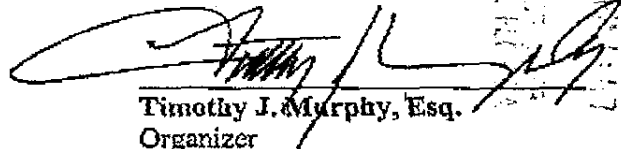
**ARTICLES OF ORGANIZATION  
OF  
TIP TOP MARKET RESEARCH LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

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1. **Name and Business Address.** The name of the limited-liability company is **Tip Top Market Research LLC** and the business address is c/o TJM, 201 S Biscayne Blvd., Miami FL 33131.
2. **Resident Agent Name and Street Address.** The name and street address of the resident agent for service of process is Corporation Company of Miami, 201 South Biscayne Blvd. #1500, miami FL 33131.
3. **Dissolution Date.** Tip Top Market Research LLC shall have perpetual existence.
4. **Management.** Tip Top Market Research LLC will be member-managed; the initial member shall be Industrias Tip-Top Leanez & Cia S.A.
5. **Name and Address of Organizer.** The name and address of the organizer is Timothy J. Murphy, Esq., Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida 33131.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 21 day of July, 2003.

  
Timothy J. Murphy, Esq.  
Organizer

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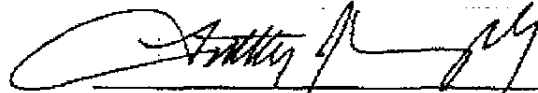
JUL-23-2003 WED 05:35 PM Shults & Bowen, LLP

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles, 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.*



Print Name: Timothy J. Murphy, Pres.  
(Registered Agent)

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