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(Requestor's Name)

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(City/State/Zip/Phone #)

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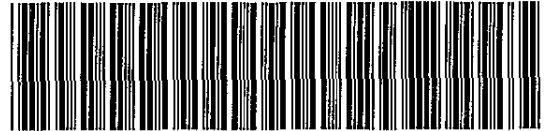
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

bx



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 251612 7266798

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 155.00

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03 SEP 23 AM 9:40
TALLAHASSEE, FLORIDA

ORDER DATE : September 22, 2003

ORDER TIME : 4:49 PM

ORDER NO. : 251612-005

CUSTOMER NO: 7266798

CUSTOMER: Suzanne Walker, Legal Asst
Phelps Dunbar LLP

Suite 1900
100 South Ashley Drive
Tampa, FL 33602

DOMESTIC FILING

NAME: T2IMPACT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION FOR
T2IMPACT, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is:

T2IMPACT, LLC

**ARTICLE II
Address**

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

6115 Galleon Way, Tampa, Florida 33615

**ARTICLE III
Duration**

The period of duration for the Limited Liability Company is perpetual.

**ARTICLE IV
Management**

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

**ARTICLE V
Registered Agent and Registered Address**

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

**Michael J. Fitzgerald
6115 Galleon Way
Tampa, Florida 33615**

**ARTICLE VI
Indemnification**

The Limited Liability Company shall, to the full extent permitted by Section 608.4229 of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article VI shall not limit or exclude any rights,

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TALLAHASSEE, FLORIDA

indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the Operating Agreement of the Limited Liability Company, by other agreement or otherwise.

By: Chicke Fitzgerald
Chicke Fitzgerald, its 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.)

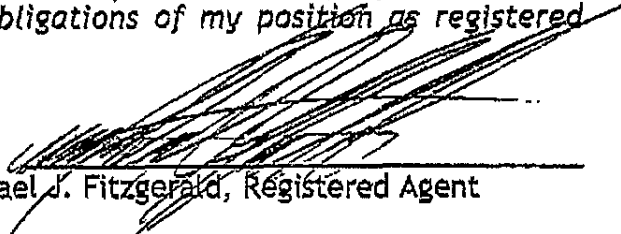
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is T2IMPACT, LLC.
2. The name and the Florida street address of the registered agent are:

Michael J. Fitzgerald
6115 Galleon Way
Tampa, Florida 33615

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.


Michael J. Fitzgerald, Registered Agent