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To:

Division of	Corporations
Fax Number	: (850)205-0383

From:

Account Name : ACE INDUSTRIES, INC. Account Number : 070744001530 Phone : (305)358-2571 Fax Number : (305)373-7718

LIMITED LIABILITY COMPANY

TMA, LLC

Certificate of Status	0
Certified Copy	1
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VISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

TMA, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 13012 ST. FILAGREE DRIVE

City, State & Zip: RIVERVIEW, FL. 33569

ARTICLE III - Registered Agents Name, Office Address, & Registered Agent's Signature DEC

MARK E. JUSTIN Name

13012 ST. FILAGREE DRIVE Address (P.O. Box NOT Acceptable)

RIVERVIEW, FL. 33569 City, State, 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 60

evisiered Agent's Signature

12-17-03 Date

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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 Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MARK E. JUSTIN Typed or printed name of signee