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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DEFINITION OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 31 2003



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 380585 8728A

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : December 31, 2003

ORDER TIME : 2:01 PM

ORDER NO. : 380585-005

CUSTOMER NO: 8728A

CUSTOMER: Beth Sawyer, Legal Asst  
Feldman Koenig & Highsmith,  
P.a.  
3158 Northside Drive

Key West, FL 33040

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NAME: TNA, 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: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TNA, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

2517 HWY 35  
MANASQUAN NJ 08736

Mailing Address:

2517 HWY 35 BLDG B  
MANASQUAN NJ 08736

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FLORIDA 32301

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, Florida Statutes..*

Corporation Service Company

By: 

Registered Agent's Signature

**Jeanine Reynolds**  
as its agent

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

GEORGE P. IRISH  
PO BOX 525  
LAKEVILLE, PA 16428

MGR

DANIEL J. DUFFY  
134 LINCOLN AVE  
AVON, NJ 07717

MGR

JOSEPH A. CANNONA  
116 SHERMAN DOCK BLVD.  
TOMBS RIVER, NJ 08753

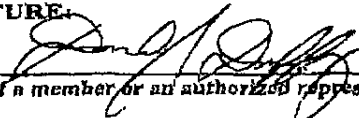
MGR

RONALD COSTELLO  
1524 TURBOGARD RD  
MANASSA, NJ 08726

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
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.)

By: DANIEL J. DUFFY  
Typed or printed name of signor

**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)

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