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LIMITED LIABILITY COMPANY

TGSJRDADS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF TGSJRDADS LLC

ARTICLE I

NAME

The name of the limited liability company shall be: TGSJRDADS LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3685 Lot E Paletti Rd., St. Augustine, Florida 32092.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Thomas G. Schoffeld Jr., 3685 Lof F. E Paletti Rd., St. Augustine, Florida 32092. Located in the County of Saint Johns.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Thomas G. Schofield Jr., 3685 Lot E Paletti Rd., St. Augustine, Florida 32092

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,

Madison, WI 53717

(608) 827-5300

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FAX AUDIT # 11040001565785

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: TGSJRDADS LLC

The name and address of the registered agent and office is Thomas G. Schofield Jr., 3685 Lot E Paletti Rd., St. Augustine, Florida 32092. Located in the County of Saint Johns.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Thomas G. Achofield In

Date: April 26, 2004

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