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Florida Department of State  
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To:

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

From: Diana M. Guerra, Ext. 4546

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

**LIMITED LIABILITY COMPANY**

**TCPH, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
TCPH, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: TCPH, LLC.

**ARTICLE II: - Address**

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

450 East Las Olas Boulevard  
Suite 1500  
Ft. Lauderdale, Florida 33301


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

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


American Information Services, Inc.  
One Southeast Third Avenue  
Suite 2800  
Miami, Florida 33131

*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, F.S.*

American Information Services, Inc.

By:   
Diana M. Guerra, Assistant Secretary  
Registered Agent

Signed and dated this 19<sup>th</sup> day of August, 2004.

  
Cris V. Branden  
Authorized Representative of a Member

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