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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T2 Partners, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Dixon  
(Name of Person)

Jim Dixon Consulting, CPA., P.A.  
(Firm/Company)

3450 East Lake Rd., Suite 307  
(Address)

Palm Harbor, FL 34685  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Dixon at ( 727 ) 772-1040  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

T2 Partners, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3450 East Lake Rd., Suite 307

Palm Harbor, FL 34685

**Mailing Address:**

3450 East Lake Rd., Suite 307

Palm Harbor, FL 34685

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

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

Jim Dixon

Name

3450 East Lake Rd., Suite 307

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

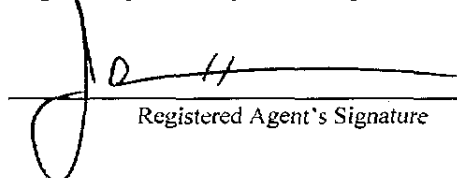
Palm Harbor, FL 34685

FLORIDA

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

 8/23/04  
Registered Agent's Signature

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

"MGRM" = Managing Member

Tampa, Fl 33626

Odessa, FL 33556

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

(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.)

JAMES H. DIXON, JR. Managing Member  
Typed or printed name of signee

**\$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)**