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LIMITED LIABILITY COMPANY

I.A.A.T.B. LLC

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FAX AUDIT # 104000 237 1373

ARTICLES OF ORGANIZATION OF I.A.A.T.B. LLC

ARTICLE I

NAME

The name of the limited liability company shall be: I.A.A.T.B. LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: I West University Ave., Gainesville, Florida 32601.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Frank Morello, 1 West University Ave., Gainesville, Florida 32601. Located in the County of Achula.

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 Members and the names and addresses of the members of the Limited Liability Company are:

Frank Morello, 12179 S. Apopka Vineland Rd. #326, Orlando, Florida 32836 Christopher Sanders, 12179 S. Apopka Vineland Rd. #326, Orlando, Florida 32836

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

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

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 404600 2371373

SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

FAX AUDIT # 16400 2371373

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: LA.A.T.B. LLC

The name and address of the registered agent and office is: Frank Morello, 1 West University Ave., Gainesville, Florida 32601. Located in the County of Achula.

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:

Frank/Morell

Date: November 22, 2004

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