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Division of Corporations

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To:

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

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.
Account Number : 076077002775
Phone : (407)246-8692
Fax Number : (407)423-7014

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LIMITED LIABILITY COMPANY

TPS, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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Articles of Organization of TPS, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company is: TPS, LLC.

ARTICLE II — Address:

The mailing address and street address of the principal office of the limited liability company is: c/o Gary D. Lipson, 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.

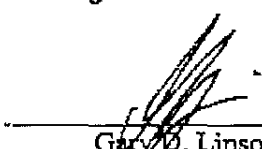
Article III — Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent of the limited liability company are: Gary D. Lipson, 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.

Article IV — Management:

The limited liability company is to be managed by a manager or managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a member, has signed and acknowledged these Articles of Organization on March 10, 2005.



Gary D. Lipson,
as Authorized Representative

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Statement Accepting Appointment as Registered Agent

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in the statement. 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 under Chapter 608, Florida Statutes.



Gary D. Lipson

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