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To:

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Fax Number : (850) 205-0383

From:

*Angelica Chirn*

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

FLORIDA DEPARTMENT OF STATE  
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LIMITED LIABILITY COMPANY

TAL LLC

Certificate of Status	0
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**FAX AUDIT No. H05000108053**

**ARTICLES OF ORGANIZATION  
FOR  
TAL LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: TAL LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Andrew L. Smulian, One S.E. 3<sup>rd</sup> Avenue, 28<sup>th</sup> Floor, Miami, FL 33131.

**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 S.E. 3<sup>rd</sup> Avenue

28<sup>th</sup> Floor

Miami, FL 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.*

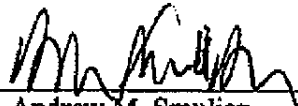
By



Angelica M. Chiru

Registered Agent's Signature

Signed and dated this 28<sup>th</sup> day of April, 2005.



Andrew M. Smulian

Authorized representative of a member

**FAX AUDIT No. H05000108053**

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