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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/09/05

LIMITED LIABILITY COMPANY

tpoint orlandoj llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TPOINT ORLANDOS LLC

Article II - Address:

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

Principal Office Address:

18206 COLLINS AVE
SUNNY ISLES, FL
33160

Mailing Address:

18206 COLLINS AVE
SUNNY ISLES, FL
33160

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

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

HERNN GLEIZER
Name

18206 COLLINS AVE
Florida street address (P.O. Box NOT acceptable)

SUNNY ISLES FL 33160
City, State, and Zip

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.

[Signature]
Registered Agent's Signature

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ARTICLE IV - Management / Member(s)

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title

Name and Address

"MGR" = Manager

"MGRM" = Managing Member

MGR

JACOB GLEIZER

18200 Collins Ave

Sunny Isles, FL 33160

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


 Signature of a member or an authorized representative of a member.

(In accordance with section 606.408(3), Florida Statutes,
 the execution of this document constitutes an affirmation under
 the penalties of perjury that the facts stated herein are true.)

JACOB GLEIZER

Typed or printed name of signer

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