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Fax Number : (850) 205-0383

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

Phone : (727) 442-1200

Fax Number : (727) 443-5829

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**THEMB, L.L.C.**

Certificate of Status	0
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J. Brown AUG 11 2005

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: **THEMB, L.L.C.**

### ARTICLE II - Address:

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

1502 2<sup>nd</sup> Street North  
St. Petersburg, FL 33704

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

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

Alan S. Gassman  
Name  
1245 Court Street, Suite 102  
Florida street address (P.O. Box NOT acceptable)  
Clearwater, FL 33756  
City, State, and Zip

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*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.*

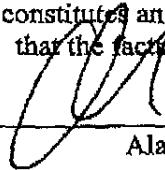


Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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

(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.)



Alan S. Gassman