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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
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DIVISION OF CORPORATIONS

## LIMITED LIABILITY COMPANY

RED T COMPANIES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION  
RED T COMPANIES, LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

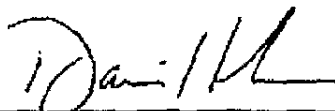
The name of the Limited Liability Company is RED T COMPANIES, LLC.

**ARTICLE II - Address:**

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

1013 Guisando de Avila  
Tampa, Florida 33613

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 6<sup>th</sup> day of September 2005.



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.)

David Hersh

Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATE  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is RED T COMPANIES, LLC.
2. The name and the Florida street address of the registered agent are:

Michael H. Robbins  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Blvd.  
Suite 2800  
Tampa, Florida 33602

*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.*



Signature

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