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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

9-7-05

	COVE	K LEI I EK	
TO: Registration Division of	a Section Corporations		
SUBJECT: TI W	est Lake LLC		
	(Name of Limite	ed Liability Company)	
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	
Michael	Tattoli		
		Name of Person)	
Seven T	Realty Corp./ Tatto	oli Investments Ltd.	
		(Firm/Company)	
100 N.	John Young Parkw	ay Suite D	
		(Address)	
Kissimn	nee, FL 34741		
	(City	/State and Zip Code)	
For further information	on concerning this matter, please	call:	
Michael Tatto	li	at (407) 343-78	
(Na	me of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check	for the following amount:		
<b>✓</b> \$125.00 Filing Fe	ce \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
TI West Lake LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company,	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
100 N. John Young Parkway	100 N. John Young Parkway
Suite D	Suite D
Kissimmee, FL 34741	Kissimmee, FL 34741
The name and the Florida street address of the Michael Tattoli Name	
100 N. John Young Pai	kway Suite D
Florida street ac	dress (P.O. Box NOT acceptable)
	accept service of process for the above spied limited
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	this certificate, I hereby accept the apposition of all ty. I further agree to comply with the profisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F

(CONTINUED) Page 1 of 2 9-7-05

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

\$ 30.00 Certified Copy (Optional)	Title:		Name and Address:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: September 7, 2005 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior 0 days after the date of filing.)  REQUIRED SIGNATURE:    Comparison of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)    Michael Tattoli					
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