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Division of Corporations

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Account Number : SHUMAKER, LOC Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660 : SHUMAKER, LOOP & KENDRICK LLP : (813)229-7600 : (813)229-1660

## LIMITED LIABILITY COMPANY

KTSOTUMF, LLC

Certificate of Status	1
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# ARTICLES OF ORGANIZATION KTSOTUMF, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is KTSOTUMF, LLC.

#### ARTICLE II - Address:

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

2907 Bay to Bay Boulevard Suite 212 Tampa, Florida 33629

#### ARTICLE III - Management:

The Limited Liability Company is to be manager managed. The initial manager is Brian Abeles.

#### ARTICLE IV-Registered Agent:

A. Edward McGinty
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge it to be my act this 27th day of October, 2005.

(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.)

. Edward McGinty, Authorized Representative

Typed or printed name of signec

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

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

A. Edward McGinty
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
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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