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Division of Corporations

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Florida Department of State Division of Corporations

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To:

Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

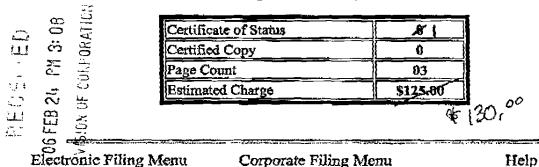
: (850) 222-1092

Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Tampa Center City, LLC



2/24/2006

https://efile.sunbiz.org/scripts/efilcovr.exe

FEB-24-2006 15:08

C T CORP.

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F.02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tampa Center City, LLC (Must end with the words "Limited Liability Company, "Limited Company" on their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2 Ponds Edge Drive	P.O. Bok 999	
Chadds Ford, PA 19317	Chadds Ford, PA 19317	
ARTICLE III - Registered Agent, F	legistared Office. & Registered Agent's Signature:	
	Registered Office, & Registered Agent's Signature: st own Registered Agent. You must designate an individual or another so of the registered agent are:	

Brandywine Financial Services Corporation Name 2631 McCommick Drive, Suite 101 Florida street address (P.O. Box NOT acceptable) Clearwater, FL 33759 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 diales, 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 (REQUIRED)

Brandywine Figureial Services Corporation

(CONTINUED) Page 1 of 2

02/24/2006 15:03 8508785926 T REB-24-2006 15:09 C T CORP.

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F.Ø3

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Managing Member	Brandywine Sireci, LLC
	2 Ponds Edge Drive
	Chadda Pord, FA 19317
(Use attachment if necessary)	the date of filing: NA (OPTIONAL)
PATE No. Williaming data (Paulon Story	NAME OF THE PARTY
CLE V: Effective date, if other than	
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Page 2 of 2

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