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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Mancini Group LLC

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**ARTICLES OF ORGANIZATION
OF
Mancini Group LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Mancini Group LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 8301 Solano Bay Loop, Suite 1712, Tampa, Florida 33635.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

- Anthony Constantino, 8301 Solano Bay Loop, Suite 1712, Tampa, Florida 33635
- Dawn Simpson, 8301 Solano Bay Loop, Suite 1712, Tampa, Florida 33635


 Business Filings Incorporated, Organizer
 Mark Schiff, AVP
 Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Mancini Group LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature: Mark Schiff
Mark Schiff, AVP

Date: June 1, 2006

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