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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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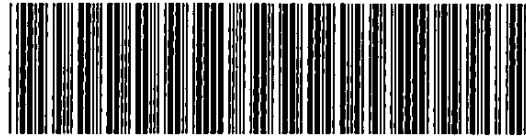
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DONNELLY & RUSSO, P.A.

ATTORNEYS AT LAW

3708 W. EUCLID AVENUE, TAMPA, FLORIDA 33629

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(813) 832-9739 FAX

July 14, 2006

Secretary of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Filing of Articles of Organization for R&R Development Company
of Tampa, LLC.

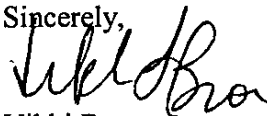
To Whom It May Concern:

Please find enclosed the Articles of Organization for referenced limited liability company,
along with a check for \$130.00 for the filing fees.

Please file the Articles of Organization and provide our office with a Certificate of Status.

Thank you for your attention to this matter. If you have any questions, please feel free to
contact me.

Sincerely,



Vikki Brown

Legal Assistant to Joseph C. Russo

Enc.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

The undersigned hereby organizes a Limited Liability Company in accordance with the Florida Statutes and pursuant to the following Articles of Organization.

ARTICLE 1

Name

The name of this Limited Liability Company is: **R&R DEVELOPMENT
COMPANY OF TAMPA, LLC.**

ARTICLE 2

Mailing Address & Principal Office Address

The mailing and street address for the principal office of this Limited Liability Company is: **4322 SOUTH MANHATTAN AVE., TAMPA, FL 33611.**

ARTICLE 3

Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is **4322 SOUTH MANHATTAN AVE., TAMPA, FL 33611**, and the name of the initial registered agent of this Limited Liability Company at that address is **ROBERT LYNN**.

Acceptance of Registered Agent

Having been named as registered agent to accept service of process for the above-stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment of 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 as provided in Chapter 608, Florida Statutes.


ROBERT LYNN

ARTICLE 4

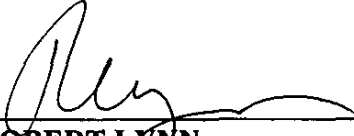
Managers/Managing Members

This Limited Liability Company is to be managed by the following managing members (MGRMs):

ROBERT LYNN - 4927 W. Melrose Ave. South, Tampa, Fl. 33629.
RONALD G. SIMON - 948 Hemingway Circle, Tampa, Fl. 33602.

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TALLAHASSEE, FLORIDA

IN ACCORDANCE WITH section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true and correct. The undersigned is authorized and has executed these Articles, this 14 day of JULY, 2006.




ROBERT LYNN
Authorized Member

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me this 14th day of July, 2006
by **ROBERT LYNN**.

SEAL



Type, Print or Stamp Name of Notary
Personally known _____
or Produced Identification _____
Type of Identification Produced _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Vikki L. Brown
MY COMMISSION # DD146671 EXPIRES
September 22, 2006
BONDED THRU TROY FARM INSURANCE, INC.