Florida Department of State

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.Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC. Account Number : I20010000247

Phone

(800) 494-3124

Fax Number

: (305)675-2811

ORIDA/FOREIGN LIMITED LIABILITY CO.

TTP, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is: TTP, LLC

ARTICLE II ADDRESS

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

1900 SUMMIT TOWER BLVD STE 820

ORLANDO, FL 32810-5951 3346 137 42 222

ARTICLE III REGISTERED AGENT, REGISTERED OFFIC <u>REGISTERED AGENT SIGNATURE</u>

The name and the Florida street address of the registered agent are:

THOMAS A. STEFANOS

1900 SUMMIT TOWER BLVD STE 820

ORLANDO, FL 32810-5951

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 as registered agent and agree to act in this capacity. I further agree to comply with 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 for in Chapter 608, F.S...

THOMAS A. STEFANOS Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
THOMAS A. STEFANOS
1900 SUMMIT TOWER BLVD STE 820
ORLANDO, FL 32810-5951

Mund Step

Signature of a member or an authorized representative of a member. (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.

NAME OF SIGNER THOMAS A. STEFANOS Typed or printed name of signee