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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Drive, Suite A Tallahassee, FL 32301 PHONE: (850) 216-0457; FAX: (850) 216-0460

→ DATE: 02/26/07

NAME: GP Centre point, LLC

TYPE OF FILING: articles of Organization

созт: #125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

THEB 21 PM 1: 17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9 Damonmili Square, Sta 1A Concord, MA 01742

9 Damonmill Square, Ste 1A Concord, MA 01742

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another

business entity with an active Florida registration.)

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

Registered Agents Legal Services, LLC

Name

155 Office Plaza Drive, Suite A Florida street address (P.O. Box NOT acceptable)

FL 32301 Tallahassee 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

IN MICHAEL W. ASHLEY

Registered Agent's Signature (BRQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	TVPX Acquisitions, inc. 9 Damonmill Square, Ste 1A Concord, MA 01742

(Use attachment if necessary)

* }

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>REOUIRED</u> SIG	NATURE:	2
	Signature of a member or	an authorized representative of a member.
	of this document constitutes	608,408(3), Florida Statutes, the execution an affirmation under the penaltics of perjury are true.) RESIDENT OF TVPX ACQUISITIONS, INC
	Tobias Kieltman	MANAGING MEMBER
	Typed	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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