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Division of Corporations

Fax Number

: (850)205-0383

Account Name

: BERRIZ & GIRALDO P.A.

Account Number: Il9990000017

Phone Fax Number : (305)485-9300 : (305)485-1098

DRIDA/FOREIGN LIMITED LIABILITY CO.

TMT NAPOLES, LLC.

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9/4/2007

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

TMT NAPOLES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

TMT NAPOLES, LLC.

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ARTICLE II - ADDRESS

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

8312 NW SOUTH RIVER DRIVE MEDLEY, FL. 33166

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

DANIEL NAPOLES

8312 NW SOUTH RIVER DRIVE

Florida street address (P.O.BOX NOT acceptable)

MEDLEY, FL. 33166 City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300

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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.

REGISTERED AGENT'S SIGNATUR

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

DANIEL NAPOLES 8312 NW SOUTH RIVER DRIVE MEDLEY, FL. 33166 MANAGER

(An additional article must be added if an effective date is requested)

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.)

<u>DANIEL NAPOLES</u>

Typed or printed name of signee

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