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ORIDA/FOREIGN LIMITED LIABILITY CO.

Team Success LLC

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FAX AUDIT # #07000 253(123

ARTICLES OF ORGANIZATION OF Team Success LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Team Success LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 328 Avenida Leona, Sarasota, Florida 34242.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Michael H. Fueyo, 328 Avenida Leona, Sarasota, Florida 34242. Located in the County of Sarasota.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the names an addresses of the managers of the Limited Liability Company are:

Michael H. Fueyo, 328 Avenida Leona, Sarasota, Florida 34242 Suzanne J. Fueyo, 328 Avenida Leona, Sarasota, Florida 34242

Date: October 1, 2007

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison,

WI 53717

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(608) 827-5300

FAX AUDIT # 40700 2531,123

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: Team Success LLC

The name and address of the registered agent and office is Michael H. Fueyo, 328 Avenida Leona, Sarasota, Florida 34242. Located in the County of Sarasota.

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.

Sionature:

Michael H Fuevo

Date: FOCTOBEL 2007

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA