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To:

Division of Corporations

Fax Number : (850)617-6383

EXAMINER

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.

Account Number: 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TOMARIA, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

(((H08000213826 3)))

ARTICLES OF ORGANIZATION OF TOMARIA, LLC

The undersigned, acting as organizer of this limited liability company pursuant to

Chapter 608 of the Florida Statutes, hereby forms a limited liability company under the laws of
the State of Florida and adopts the following Articles of Organization for such limited liability
company:

ARTICLE I - NAME OF COMPANY

The name of the limited liability company is TOMARIA, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The street address, and the mailing address, of the principal office of the Company is 1550 Thumb Point Drive, Fort Pierce, FL 34949.

ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The street address of the initial registered office of the Company in the State of Florida is 1550 Thumb Point Drive, Fort Pierce, FL 34949. The name of the registered agent of the Company at that address is Tom Funka, Sr.

ARTICLE IV - MANAGEMENT

The Company is to be a manager-managed company. The name and address of the initial manager of the Company is Tom Funka, Sr., 1550 Thumb Point Drive, Fort Pierce, FL 34949.

ARTICLE V - EFFECTIVE DATE

The effective date of these Articles of Organization, and the beginning of the existence of

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the Company, shall be the date of filing of these Articles of Organization with the Florida

Department of State.

THE UNDERSIGNED authorized representative of the member has made and subscribed these Articles of Organization this 12th day of September, 2008.

Tom Funka, Sr. Authorized Representative

STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service of process for the above referenced limited liability company, at the place designated in the foregoing Articles of Organization, I hereby accept such appointment and agree to act in such capacity. I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent, and I am familiar with, and accept the duties and obligations of, Section 608.415 of the Florida Statutes.

Tom Funka, Sr.

Date: September 12th, 2008

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SECRETARE FLORIDA