

MAR-22-2010

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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6383

From:

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Account Number : 075500004387  
Phone : (813) 229-7600  
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FLORIDA LIMITED LIABILITY CO.  
Theriac Rollup, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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EXAMINER

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**ARTICLES OF ORGANIZATION  
OF  
THERJAC ROLLUP, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is THERJAC ROLLUP, LLC.

**ARTICLE II – Address:**

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

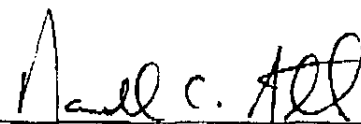
5292 Summerlin Commons Way  
Suite 1103  
Fort Myers, Florida 33907

**ARTICLE III – Management:**

The Limited Liability Company is to be managed by a manager. The initial manager shall be:

TEM, LLC  
5292 Summerlin Commons Way  
Suite 1103  
Fort Myers, Florida 33907

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 22nd day of March 2010.



Signature of 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.)

Darrell C. Smith

Typed or printed name of signee

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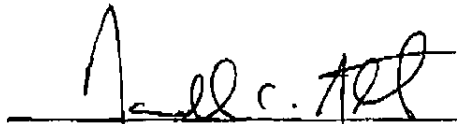
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **THERIAC ROLLUP, LLC.**
2. The name and the Florida street address of the registered agent are:

Darrell C. Smith  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*

  
\_\_\_\_\_  
Darrell C. Smith,  
Registered Agent

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