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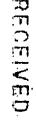
Office Use Only

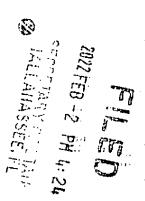


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CAPITAL CONNECTION, INC.

417 E. Virginia Street: Suite i • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Cert. Copy					Dissolution / Withdrawal
Photo Copy					Annual Report / Reinstatement
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Certificate of Status					Photo Copy
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Thomas Group of Tai	npa Bay, LLC			
	in the words "Limited I	.iability Company	. "L.L.C.," or "LLC.")	
RITICLE III- Address:				
ne mailing address and street ad	dress of the principal o	flice of the Limited	d Liability Company is:	
Princips	Principal Office Address:		Mailing Address:	
532 Hillcrest Dr.		PO	box 14163	
Bindenton, Fl. 34209		Bra	denton, FI, 34289	
he Limited/Liability Company	nt: Registered Office, cannot serve as its own	S. Registered Age Registered Agent.		
RETICLE III Registered Age the Limited/Liability Company other business entity with an a te name and the Florida street a	nt: Registered Office, connot serve as its own ctive Florida registratio	& Registered Age Registered Agent. n.)	m's Signature:	
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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. Thereby occupt 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 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Mimager	
MGR	Rvan Thomas PO Box (4163
	Bradenton, FL 34280
MGR	Alison Thomas
	PO Box (4163 Brademon, FL 34280
	Driacinon, 112 34280
	A
(Use attachment if necessary)	
•	- COL
P. M. C. Constitute Agent of Continuous Section 4.	ate of miny: OPTIONALL
EV: Effective date, if other than the di ective date is listed, the date must be	specific and cannot be more than five business days prior to or 90
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Matthew J. Lapointe, Esq., Authorized Representative
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)