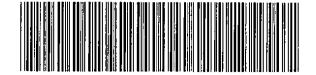
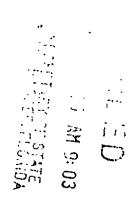
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COVER LETTER

	v Filing Section ision of Corporations	
SUBJECT:	MB TAMPA LLC	
boot Ec i	Nar	ne of Limited Liability Company
The enclosed	Articles of Organization and	fee(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to the following:
		ROBERT K. BUTTERFIELD
_		Name of Person
	E	BUTTERFIELD SCHECHTER LLP
~		Firm/Company
	10021	WILLOW CREEK ROAD, SUITE 200
_		Address
	SAN	NDIEGO, CALIFORNIA 92131
_		City/State and Zip Code RBUTTERFIELD@BSLLP.COM
	E-mail address: (to	be used for future annual report notification)
For further inf	ormation concerning this matt	er, please call:
	ROBERT K. BUTTERFIELI	o at (619) 316-4335
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amou	ant:
□\$125.00 F	iling Fee \$130.00 Filing & Certificate o	
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
	P.O. Box 6327	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MPA LLC Tain the words "Limited Lian Industrial of the principal office Address:			<u> </u>
ddress of the principal offic			
	ce of the Limited Li		
al Office Address:		ability Company is:	
ar a fitte tradition		Mailing Add	<u>iress:</u>
VINE DRIVE WEST	16206	RAMBLING VIN	E DRIVE WEST
A 33624	ТАМ	TAMPA, FLORIDA 3364	
MICHAEL	BOLAND Name	RIVE WEST	
Florida street address (P.O. Box NOT acc	eptable)	
TAMPA,	FLORIDA	33624	
City	State	Zip	
e. I hereby accept the appoint provisions of all statutes rela	ntment as registered atin <u>e t</u> o the proper a	agentana agree to at nd complete performa	et in this capacity. T ance of my duties, and
	active Florida registration. address of the registered a MICHAEL 16206 RAM Florida street address (TAMPA, City agent and to accept services. I hereby accept the appoil acceptions of all statutes relatives relatives.	ent, Registered Office, & Registered Agent's y cannot serve as its own Registered Agent. Yo active Florida registration.) address of the registered agent are: MICHAEL BOLAND Name 16206 RAMBLING VINE D Florida street address (P.O. Box NOI accompany) TAMPA, FLORIDA City State agent and to accept service of process for the active in the proper active of the p	ent, Registered Office, & Registered Agent's Signature: y cannot serve as its own Registered Agent. You must designate an itactive Florida registration.) address of the registered agent are: MICHAEL BOLAND Name 16206 RAMBLING VINE DRIVE WEST Florida street address (P.O. Box NOT acceptable) TAMPA, FLORIDA 33624

ARTICLEIV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	MICHAEL BOLAND
AMBK	16206 RAMBLING VINE DRIVE WEST
	TAMPA, FLORIDA 33624
MGR	MICHAEL BOLAND
	16206 RAMBLING VINE DRIVE WEST
	TAMPA, FLORIDA 33624
(Use attachment if necessary)	
(Ose attachment if necessary)	
If an effective date is listed, the date must the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as truent of State's records.
BTICLE M. Osberisions if and	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE	
This document is I am aware that an	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. sy false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
	ROBERT K. BUTTERFIELD

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

TO: New Filing Section

Divis	ion of Corporation	S			
	МВ ТАМРА	LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	Articles of Organiza	tion and fee(s) are	submitted	for filing.	
Please return	all correspondence c	oncerning this mat	iter to the f	ollowing:	
		R	OBERT	K. BUTTERFIEL	.D
_			Name of	Person	
		BUTTER	RFIELD	SCHECHTER LLP	
_	Firm/Company				
	10021 WILLOW CREEK ROAD, SUITE 200				200
_	Address				
	SAN DIEGO, CALIFORNIA 92131				
_				d Zip Code IELD@BSLLP.CC)M
	E-mail ad	dress: (to be used	for future a	innual report notification	on)
For further info	ormation concerning	this matter, please	call:		
	ROBERT K. BUTT	ERFIELD_at(619	_)316-4335	
	Name of Pers	on A	rea Code	Daytime Telephone	Number
Enclosed is a	check for the follow	ang amount:			
□\$125.00 F		0,00 Filing Fee rtificate of Status	Certif	5.00 Filing Fee & ied Copy hal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Sectorision of Co P.O. Box 6327 Tallahassee, Fi	tion rporations		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE The name of	f the Limited Liability Company is:			
	MB TAMPA LLC			
•	(Must contain the words "Limited Lial	bility Company	,"L.L.C.," or "LLC.")	
ARTICLE The mailin	II - Address: g address and street address of the principal offic	e of the Limite	d Liability Company is:	
	Principal Office Address:		Mailing Address:	
	16206 RAMBLING VINE DRIVE WEST	16	16206 RAMBLING VINE DRIVE WEST TAMPA, FLORIDA 3364	
	TAMPA, FLORIDA 33624	<u> </u>		
Tue hame	•	BOLAND Name	E DRIVE WEST	
	Florida street address (
	TAMPA,	FLORIDA	33024	
	City	State	Zip	
lace design	named as registered agent and to accept service ated in this certificate. I hereby accept the appoint to comply with the provisions of all statutes relawith and accept the obligations of my position as Register	registered age	ner and complete performance of my duties, and nt as provided for in Chapter 605, F.S	
	•	CONTINUE	2)	

(CONTINUED)

ARTICLEIV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	MICHAEL BOLAND 16206 RAMBLING VINE DRIVE WEST
	TAMPA, FLORIDA 33624
MGR	MICHAEL BOLAND
	16206 RAMBLING VINE DRIVE WEST TAMPA, FLORIDA 33624
<u> </u>	
(1)	
(Use attachment if necessary)	COPTIONAL
If an effective date is listed, the date must	he date of filing:
he date of filing.) Note: If the date inserted in this block doe	es not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depart	rtment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is I am aware that a	of a member or an authorized representative of a member. sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes. my false information submitted in a document to the Department of State of degree felony as provided for in s.817.155, F.S.

Filing Fees:

ROBERT K. BUTTERFIELD Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)