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LAW OFFICE  
GLASSBERG & GLASSBERG P.A.  
1570 MADRUGA AVENUE  
SUITE 211  
CORAL GABLES, FLORIDA 33146

DAVID M. GLASSBERG  
LORI H. GLASSBERG  
OF COUNSEL  
ROBERT C. BIEGEN

(305) 669-9535  
FAX (305) 669-0804

June 25, 1998

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: T.K.O. LLC

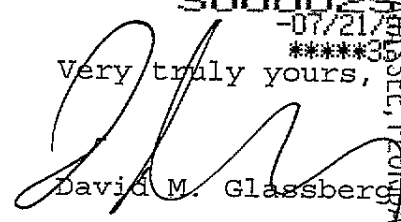
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-07/02/98--01094--001  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

Gentlemen:

Enclosed please find two copies of the Articles of Organization for T.K.O. LLC. Also, enclosed please find our check in the amount of THREE HUNDRED AND 00/100 DOLLARS (\$300.00) made payable to the Secretary of State for the filing fees.

Should you have any questions with regard to the foregoing, please contact the undersigned at (305) 669-9535.

Very truly yours,

  
David M. Glassberg

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-07/21/98--01068--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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Name	OR 7-21
Availability	OR
Document Examiner	OR
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Updater Verifier	OR
Acknowledgment	OR
W. P. Verifier	OR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

July 6, 1998

DAVID M. GLASSBERG  
GLASSBERG & GLASSBERG, P.A.  
1570 MADRUGA AVENUE, SUITE 211  
CORAL GABLES, FL 33146

SUBJECT: T.K.O., L.L.C.  
Ref. Number: W98000015269

We have received your document for T.K.O., L.L.C. and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 698A00036063

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: T.K.O. FINANCIAL SERVICES LLC

**ARTICLE II - Address:**

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

1200 South Pine Island Road  
Suite 100  
Plantation, FL 33324  
Attn: Christopher La Sala

**ARTICLE III - Duration:**

The period of duration for Limited Liability Company shall be Perpetual.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are

Christopher La Sala  
1200 South Pine Island Road  
Suite 100  
Plantation, FL 33324

Terry K. O'Connor  
1200 South Pine Island Road  
Suite 100  
Plantation, FL 33324

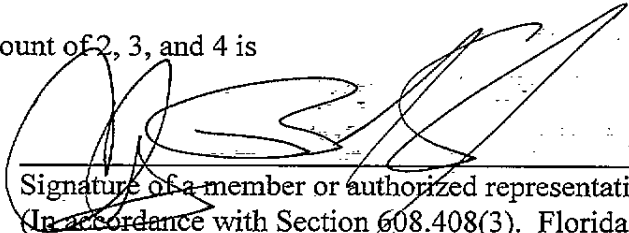
Stephen F. Catina  
1200 South Pine Island Road  
Suite 100  
Plantation, FL 33324

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The Undersigned member or authorized representative of a member of T.K.O FINANCIAL SERVICES LLC deposes and says:

- 1) the above named Limited Liability Company has at least two members
- 2) the total amount of cash contributed by the members is \$500.00
- 3) if any, the agreed value of property other than cash contributed by members is \$0  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by members is \$500.00
- 5) the total amount of 2, 3, and 4 is \$1,000.00

  
Signature of a member or authorized representative of a member.  
(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dated: July 9, 1998

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98 JUL 12 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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: T.K.O. FINANCIAL  
SERVICE LLC

2. The name and the Florida street address of the registered agent are:

DAVID M. GLASSBERG  
NAME  
1570 MADRUGA AVE #211  
Florida street address (P. O. Box **NOT** ACCEPTABLE)  
COAL GROVES FL 33146  
CITY, STATE AND ZIP

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TALLAHASSEE, FLORIDA

*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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**