### Florida Department of State Division of Corporations Public Access System Katherine Harris, Secretary of State

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From:

Account Name : MILAM, OTERO, LARSEN, DAWSON & TRAYLOR, PA Account Number : 105543000740 Phone : (904)798-3700

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LIMITED LIABILITY COMPANY

T.W. LAMZ, L.L.C.

Certificate of Status	0
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#### ARTICLES OF ORGANIZATION

OF

#### T.W. LAMZ, L.L.C.

Pursuant to the Florida Limited Liability Company Act, Chap. 503, Florida Statutes (1995), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

#### ARTICLE I NAME

The name of this limited liability company (the "Company") shall be T.W. LAMZ, L.L.C.

#### ARTICLE II DURATION

Unless earlier terminated pursuant to the Act or the regulations (as defined in \$508.402(13) of the Act) of this Company, the period of its duration shall be perpetual.

## ARTICLE III ADDRESS

The mailing address and the street address of the principal office of this Company shall be 209 Deer Haven Drive, Ponts Vedra Beach, FL 33082.

#### ARTICLE IV REGISTERED AGENT

The initial registered office of this Company shall be 209 Deer Haven Drive, Ponte Vedra Beach, FL 33082, and its initial registered agent at such office shall be Wayne M.D. Press.

## ARTICLE V ADDITIONAL MEMBERS

Pursuant to §603.407(1)(e), Florida Statutes, additional members may be admitted upon the approval by the Managing Members of the Company.

Prepared by Gregory M. Dawton, 1864. Milem Over Lersen Dawson & Traylor, P.A. 50 North Learn Street, Suite 2750 Jacksonville, FL 32202 (904) 79\$-3700 Biotide Bar Number 0759392

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#### ARTICLE VI CONTINUATION OF BUSINESS

Pinsuant to \$608.407(1)(f), Florida Statutes, the remaining members of this Company shall have the right to continue this Company's business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the coourence of any other event which terminates the continued membership of a member in this Company.

### ARTICLE VII MANAGEMENT OF THE COMPANY

This Company will be managed by its Managing Members in accordance with and subject to the requirements of the Act and the regulations of this Company. The names and addresses of the initial Managing Mambers are as follows: WAYNE M.D. PRESS an TOBY A. PRESS, 209 Deer Haven Drive, Ponte Vedra Beach, Florida 33082.

IN WITNESS WHEREOF, the undersigned, a mer Articles of Organization on bahalf of this Company	T.W. LAMZ, L. P.O.  By: WAYNE M.D. PRESS
STATE OF na	Managing Mosaiter
COUNTY OF Wataringa	. <b>.</b>
Sworn to and subscribed before me this I by [ taken amd Press], who is personally know license as identification.	
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# CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 608, Florida Statutes (1995), as amended from time to time (the "Act"), the following is submitted:

T.W. LAMZ, L.L.C. desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates WAYNE M.D. PRESS as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 209 Deer Hayon Drive, Ponte Vedra Beach, FL 33082.

DATED this So day of Jest 1999

T.W. LAMZ, L.L.(

By:

WAYNE M.D. PRESS Managing Member

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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 duries, and I am familiar with and accept the obligations of my position as registered agent.

DATED this 50 day of 1999

WAYNE M.D. PRESS, as Registered Agent

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