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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124

Fax Number : (305) 675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO

KAREN VIVIERS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

6/26/2006 4:30 :

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company Is:

KAREN VIVIERS, LLC

ARTICLE II ADDRESS

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

819 35TH AVENUE DR W

PALMETTO, FL 34221-5808

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT

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

KAREN J. SCHAULIN-VIVIERS 819 35TH AVENUE DR W PALMETTO, FL 34221-5808

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 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 as provided for in Chapter 608, F.S.

KAREN J. SCHAULIN-VIVIERS / Registered Agent's Slanesure

ARTICLE IV ____MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

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PAGE 2 KAREN VIVIERS, LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER: KAREN J. SCHAULIN-VIVIERS 819 35TH AVENUE DR W PALMETTO, FL 34221-5808

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Signature of a member or 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.

KAREN J. SCHAULIN-VIVIERS
Typed or printed name of signee

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