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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

FLORIDA/FOREIGN LIMITED LIABILITY CO.

VELUE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

VELUE, LLC

ARTICLE II - Address:

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

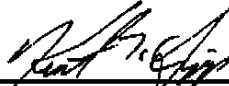
895 N. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

KENT L. HIPPI
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801

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 as provided for in Chapter 608, F.S..

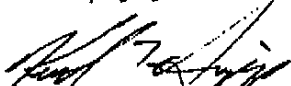


REGISTERED AGENT'S SIGNATURE

ARTICLE IV - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

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.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

KENT L. HIPPI

Typed or printed name of signee

FILING FEES:

- \$100.00 Filing Fee for Articles of Organization
- \$25.00 Designation of Registered Agent
- \$30.00 Certified Copy (OPTIONAL)
- \$5.00 Certificate of Status (OPTIONAL)

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