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(((H07000178087 3)))

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ORIDA/FOREIGN LIMITED LIABILITY CO.

Illusions-N-Art by Rhonda Kris, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Audit # H07000178087 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Illusions-N-Art by Rhonda Kris, LLC

The mailing address and street address of the Limited Liability Company are:

645 99th Ave., N. Apt. West Naples, FL 34108

ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

<u>Powers</u>

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

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2007 JUL II AH 9: 3

p.1

Audit # H07000178087

ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

645 99th Ava., N. Apt. West Naples, FL 34108

and the name of its registered agent at such address is:

Rhonda F. Kris

ARTICLE VI Managemeni

This Limited Liability Company shall have One Manager(s) or Managing Member(s). The name and address of Manager(s) or Managing Member(s) are:

Name and Address

Rhonda F. Kris, Managing Member 645 99th Ave., N. Apt. West Naples, FL 34108

Dated: Wednesday, July 11, 2007

Rhonda F. Kris

Audit # H07000178087

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p.2

Audit # H07000178087

ACCEPTANCE BY REGISTERED AGENT

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.

Date: July 11, 2007

Rhonda P. Kris

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SECRETARY OF STATE
TALLAHASSEE, FLORID

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