

Oct 28 03 04:40p

David Fong, CPA

(407) 894-1357

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Division of Corporations

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To:

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Fax Number : (850)203-0383

From:

Account Name : DAVID FONG
Account Number : I20020000037
Phone : (407)894-1557
Fax Number : (407)895-1357

LIMITED LIABILITY COMPANY

Multibags, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

Multibags, LLC

ARTICLE II - Principal & Mailing Address:

1485 Misty Glen Lane
Clermont, Florida 34711

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

David Fong
Name

1221 E. Robinson Street
Florida Street Address

Orlando, Florida 32801
City, State, Zip

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.

[Signature]
Registered Agent's Signature

10/28/03
Date

ARTICLE IV - Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The name and address of the manager is:

GTS Enterprise, Inc. 1485 Misty Glen Lane, Clermont, FL 34711

[Signature]
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.)

David Fong

Typed or Printed Name of Signee

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APPROVED
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