PØ1

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4003

from:

: CORPORATE & CRIMINAL RESEARCH SERVICES Account Name

Account Number : 110450000714 : (850)222-1173

: (850)224-1640 Fax Number

LIMITED LIABILITY COMPANY

KRISHA L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160,00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KRISHA L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

Company is: 103 N. MERIDIAN ST., LOWER LEVEL.

TALLAHASSEE, FL 32301

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

Signature:

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

CorpDirect Agents

103 N. MERIDIAN ST., LOWER LEVEL

TALLAHASSEE, FL. 32301

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 cardificate, I hereby accept the appointment as registered agent and egree 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 perpopulation as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

Pam Wolfe: It's Agent at CorpDirect Agents

Article IV - Management (Check if applicable.)

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

Signature of a member or an adshorized representative 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 states berein are true.)

American Corporate Register, Inc. By

Philip Herr

Typed or printed same of signee

SECRETARY OF STATE