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Florida Department of State
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LIMITED LIABILITY COMPANY

russellvision LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
russellvision llc**

ARTICLE I NAME

The name of the limited liability company shall be: **russellvision llc**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4701 Vinsetta Ave. , North Fort Myers, Florida 33903.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Shaun Stephany, 4701 Vinsetta Ave. , North Fort Myers, FL 33903. Located in the County of Lee.

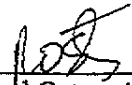
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2040.

ARTICLE V MANAGERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:
Shaun Stephany, 4701 Vinsetta Ave., North Fort Myers, FL 33903
Michelle Stephany, 4701 Vinsetta Ave., North Fort Myers, FL 33903

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Richard Oster, Authorized Representative

Prepared by Richard Oster, Business Filings, 8025 Excelsior Dr. Suite 200, Madison, WI 53717.
(608) 827-5300.

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: russellvision llc

The name and address of the registered agent and office is Shaun Stephany, 4701
Vinsetta Ave. , North Fort Myers, FL 33903: Located in the County of Lee.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature:

Shaun Stephany

Date: August 8, 2000

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