



L02000013590

ACCOUNT NO. : 072100000032

REFERENCE : 607747 5020727

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 155.00

ORDER DATE : June 4, 2002

ORDER TIME : 10:26 AM

ORDER NO. : 607747-005

200005677762--4

CUSTOMER NO: 5020727

CUSTOMER: Kurt E. Grosman, Esq
Kurt E. Grosman, Attorney

5043 Winwood Way

Orlando, FL 32819

DOMESTIC FILING

NAME: DERMON, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN -4, PM 12:52

FILED

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

02 JUN -4 AM 11:27

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L02-13590
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DERMON, LLC.

ARTICLE II - Address:

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

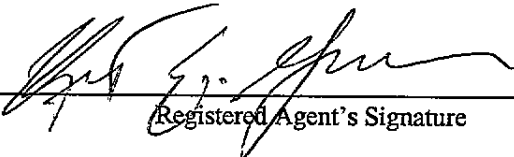
5043 Winwood Way, Orlando, Florida 32819.

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

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

**Kurt E. Grosman
5043 Winwood Way
Orlando, Florida 32819.**

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.

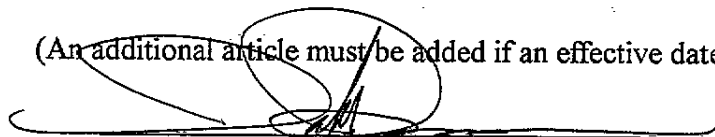


(Registered Agent's Signature)

ARTICLE IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)



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.)

Dumont Dermon
Type or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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