Florida Department of State

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: BUSINESS FILINGS Account Name

Account Number : 105256001620 : {608}827-5300 Phone

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LIMITED LIABILITY COMPANY

Venganza S.A., LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION OF Venganza S. A., LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Venganza S. A., LLC

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AND ANASSEE FLORIDA

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 822 SW 50th Way, Gainesville, Florida 32607.

ARTICLE III INITIAL REGISTERED ACENT & STREET ADDRESS

The name and address of the initial registered agent is: C. L. Niblett, 822 SW 50th Way, Gainesville, Florida 32607. Located in the County of Alachua.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

C. L. Niblett, 822 SW 50th Way, Gainesville, Florida 32607

Richard Oster, Vice President Business Filings Incorporated Authorized Representative

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

FAX AUDIT # 40 2000 1553799

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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: Venganza S. A., LLC

The name and address of the registered agent and office is C. L. Niblett, 822 SW 50th Way, Gainesville, Florida 32607. Located in the County of Alachua.

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:

Date: June 18, 2002

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