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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

APPROVED
AND
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

V P LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
V P LLC

ARTICLE I.

NAME

The name of the Limited Liability Company is:

V P LLC

ARTICLE II

ADDRESS OF PRINCIPAL OFFICE IN THIS STATE

The initial street and mailing address of the principal office
of this Limited Liability Company in the State of Florida is:

5750 S.W. 88 AVENUE, COOPER CITY, FL 33328

ARTICLE III

NAME OF REGISTERED AGENT, REGISTERED OFFICE,

AND REGISTERED AGENT'S SIGNATURE

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

Vantanee Pitakrakul
5705 S.W. 88 Avenue
Cooper City, FL 33328

SECRETARY OF STATE
ALL AMESSES TO FILE

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AND
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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.

V.L. Pitakrakul
Vantanee Pitakrakul, Registered Agent

05/05/03
Date

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ARTICLE IV

MANAGEMENT

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

In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated here are true.

KL Pitakrakul
Vantanee Pitakrakul, Manager

05/05/03
Date

AND
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SECRETARY OF STATE
ALBANY, NEW YORK