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

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

GENUINE LINE, LLC

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 19, 2003

FAS-T CORP. AGENTS

SUBJECT: GENUINE LINE, LLC

REF: W03000023579

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Trevor Brumbley Document Specialist

FAX Aud. #: H03000256424 Letter Number: 803A00047016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME
The Name of the Limited Liability Company is:
GENUINE LINE, LLC

ARTICLE II - ADDRESS

The malling address and street address of the Limited Liability Company is:

6568 SW 20TH COURT PLANTATION, FL 33317

ARTICLE III - DURATION

The Period of duration for the Limited Liability Company shall be Thirty years.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and the address (es) of such manager(s) is/ are:

HAMID AYUB	6568 SW 20 ¹¹¹ COURT PLANTATION, FI. 33317
ALEXANDER AKLEPI	7375 SW 114 ST MIAMI, FL 33156
NAVEED KHAN	2726 KESEY LAND STJOSE, CA 95132

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Majority Vote of the existing members

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSNESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Majority Vote of the remaining members

Menaging Member

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Corporation is:

GENUINE LINE, LLC

2. The name and address of the Registered Agent and Office is:

HAMID AYUB 6568 SW 20th Court Plantation, Fl. 33317

Having been named as Registered Agent to accept the service of process for the abovestated 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.

Dated: Ag 15 dos 3

HAMID AYUB
Registered Agent