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**Florida Department of State  
Division of Corporations  
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**To:**

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Fax Number : (850)205-0383

**From:**

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212)431-5000  
Fax Number : (212)431-1441

**LIMITED LIABILITY COMPANY**

**CARRM, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:  
**CARRM, LLC**

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is: **2620 Windchime Court, Orlando, FL 32837**

**ARTICLES III - Registered Agent, Registered Office, & Registered Agent's Signature:**

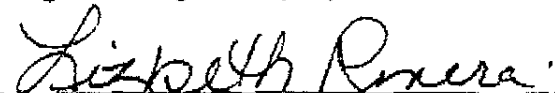
The name and the Florida street address of the registered agent are: **Carmen T. Ciliberti, 2620 Windchime Court, Orlando, FL 32837**

*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  
Carmen T. Ciliberti

**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.

  
\_\_\_\_\_  
Signature of a member or an authorized representative

(In accordance with section 608.408 (3), Florida Statutes, the execution of the document constitutes of an, affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE  
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BlumbergExcelsior Corporate Services, Inc.  
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