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P. 1

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Florida Department of State
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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone : (305) 674-3313

Fax Number : (305) 675-2811

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LIMITED LIABILITY COMPANY

HOME CAPTION, LLC

Certificate of Status	0
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Apr 20 04 04:37p

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p.2

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Apr 20 04 01:44p

Stealth Technology Group

(941) 806-8406

p.1

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
HOME CAPTION, LLC

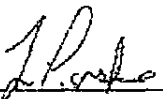
ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability
7442 PALMER GLEN CIRCLE
SARASOTA, FL 34240

**ARTICLE III REGISTERED AGENT, REGISTERED
OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent
LIZ PARSLOE
7442 PALMER GLEN CIRCLE
SARASOTA, FL 34240

Having been named as registered agent to accept service of process for the above
stated 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 all statutes relating to the proper and complete
performance of my duties, and I am familiar with accept the obligations of my
position as registered agent as provided for in Chapter 608, F.S.,



Registered Agent's Signature

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Apr 20 04 04:37p

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p.3

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p.2

PAGE 2 HOME CAPTION, LLC

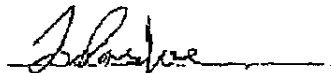
ARTICLE V

The name and address of the managing member of the LLC is:

LIZ PARSLOE

7442 PALMER GLEN CIRCLE

SARASOTA, FL 34240



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.

LIZ PARSLOE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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