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LIMITED LIABILITY COMPANY

CookieKelly.com LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # 1040001402023

**ARTICLES OF ORGANIZATION
OF
CookieKelly.com LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **CookieKelly.com LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: **1255 Aquila Loop, Celebration, Florida 34747.**

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: **Cookie Kelly, 1255 Aquila Loop, Celebration, Florida 34747. Located in the County of Osceola.**

ARTICLE IV DURATION


The duration for the limited liability company shall be: **12/31/2044.**

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:

Cookie Kelly, 1255 Aquila Loop, Celebration, Florida 34747

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Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # 1040001402023

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, 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: **CookieKelly.com LLC**

The name and address of the registered agent and office is: Cookie Kelly, 1255 Aquila
Loop, Celebration, Florida 34747. Located in the County of Osceola.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

Cookie Kelly

Date: June 24, 2004

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FAX AUDIT # 4040001402028