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Florida Department of State  
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To:  
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Fax Number : (850) 205-0383

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 674-3313  
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**LIMITED LIABILITY COMPANY**

**The Color Connection, LLC**

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**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:

The Color Connection, LLC

**ARTICLE II: Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

2549 SE Leithgow Street

Port St. Lucie, Florida 34952

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

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

Lisa Hembrow

2549 SE Leithgow Street

Port St. Lucie, Florida 34952

Having been named as registered agent 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.



Lisa Hembrow / Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V: MANAGERS (optional)

Manager

Lisa Hembrow

2549 SE Leithgow Street

Port St. Lucie Florida 34952

Manager

James McKeon Jr.

2549 SE Leithgow Street

Port St. Lucie Florida 34952



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.)

Lisa Hembrow

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