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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Southern USA Distributors, LLC

Certificate of Status	0
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Page Count	03
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FAX AUDIT # H040002388443

**ARTICLES OF ORGANIZATION
OF
Southern USA Distributors, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Southern USA Distributors, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 18680 Long Lake Dr., Boca Raton, Florida 33496.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Toni Valentino, 18680 Long Lake Dr., Boca Raton, Florida 33496. Located in the County of Palm Beach.

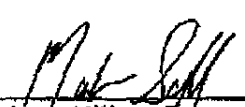
ARTICLE IV DURATION

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 names and addresses of the members of the Limited Liability Company are:

Toni Valentino, 18680 Long Lake Dr., Boca Raton, Florida 33496
Lori Twele Samberg, 18680 Long Lake Dr., Boca Raton, Florida 33496


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
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FAX AUDIT # 1101100238443**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: **Southern USA Distributors, LLC**

The name and address of the registered agent and office is: **Toni Valentino, 18680 Long Lake Dr., Boca Raton, Florida 33496. Located in the County of Palm Beach.**

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: Toni Valentino

Toni Valentino

Date: November 29, 2004

FAX AUDIT #

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