

05000001691 (3)

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

From: Account Name : USA CORPORATE SERVICES INC.  
Account Number : I20000000220  
Phone : (800) 891-7432  
Fax Number : (518) 433-1489

LIMITED LIABILITY COMPANY  
PROFESSIONAL PRODUCTS GROUP, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
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**ARTICLES OF ORGANIZATION**  
**OF**  
**PROFESSIONAL PRODUCTS GROUP, LLC**  
Pursuant to section 608.407, Florida Statutes

1. The name of the Limited Liability company is: **PROFESSIONAL PRODUCTS GROUP, LLC**
2. The mailing address and street address of the principal office of the Limited Liability Company is:

**C/O THE LLC, 1850 NW 84<sup>TH</sup> AVE., STE 100, MIAMI, FL 33126**

3. The name and address of the registered agent is as follows:

**RAFAEL VILLOLDO, 1850 NW 84<sup>TH</sup> AVE., STE 100, MIAMI, FL 33126**

4. The period of duration for the Limited Liability Company shall be perpetual.
5. The Limited Liability Company is to be managed by manager(s) and the name(s) and address(s) of such manager(s) are as follows:

**RAFAEL VILLOLDO, 1850 NW 84<sup>TH</sup> AVE., STE 100, MIAMI, FL 33126**

In Witness Whereof, in accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true this day 5<sup>th</sup> day of January 2005.

  
**Frank Orlando**  
**Authorized Representative**

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*Acceptance of Appointment as Registered Agent*

RAFAEL VILLOLDO, 1850 NW 84<sup>TH</sup> AVE., STE 100, MIAMI, FL 33126

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

Dated: January 5, 2005

X   
Rafael Villoldo  
Registered Agent

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