

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 205-0383

From:

Account Name : HUBCO
 Account Number : 104662003400
 Phone : (516) 935-3940
 Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Garrison Ventures LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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DIVISION OF CORPORATION

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Garrison Ventures LLC**

ARTICLE II - Address

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

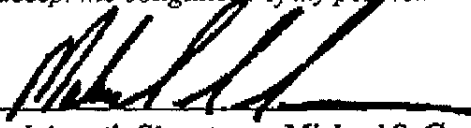
Principal Office Address:Mailing Address:1509 N. Military Trail #2081509 N. Military Trail #208West Palm Beach, FL 33409West Palm Beach, FL 33409

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Michael S. GarrisonName1509 N. Military Trail #208(P.O. Box or Mail Drop Box NOT Acceptable)West Palm Beach, FL 33409(City / State / Zip)

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


Registered Agent's Signature - Michael S. Garrison

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ARTICLE IV - Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

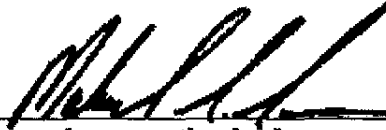
"MGRM" = Managing Member

MGR

Michael S. Garrison- 1509 N. Military Trail #208, West Palm Beach, FL 33409

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Michael S. Garrison

Typed or printed name of signee

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