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LIMITED LIABILITY COMPANY

ANJOSAJO ENTERPRISES, L.L.C.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ANJOSAJO Enterprises, L.L.C. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
			Principal Office Address:	Malling Address:
			182 Halleville Rd. Exeter, RI 02822	182 Halleville Rd. Exetar, RT 02822
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
			Timothy A Setterlund Name	
7301-A West Palmetto Pk. Rd. Ste. 305C Florida speci address (P.O. Sox NOT acceptable)				
Bogo Raton FL 33433 City, State, and Zip				
liability company as the place designated registered eyent and agree to act in this cap statutes relating to the proper and complet accept the ubligations of my position as the complete of t	It to unvert service of process for the above stated limited in this certificate, I hereby accept the appointment as accity. I further agree to comply with the provisions of all to performance of my duties, and I om familiar with and registered agent as provided for in Chapter 618, P.S			

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Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Salvatore Savastano, Jr. 182 Halleville Rd. Exeter, RI 02822 (Use auschment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member of an authoriz (in accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Salvatore Typed or printed name of signed Filing Foor: \$125.00 Filing Fee for Articles of Organization and Designation

rage 2 of 2

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)