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Division of Corporations

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PAGE 01/03

Page 1 of 1

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

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DIVISION OF CORPORATION

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Multi-Mount Innovations, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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09/13/2005 14:14 8502227515
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CT CORP

PAGE 02/03
P.03/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Multi-Mount Innovations, 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:

2800 Milum Dr., Lot 29

2800 Milum Dr., Lot 29

Moorehaven, Florida 33471

Moorehaven, Florida 33471

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

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

CT Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324
City, State, and 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.

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LAUREN H. KREATZ.

Registered Agent's Signature

DEPUTY ASSISTANT SECRETARY

(CONTINUED)

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PAGE 03/03
P.04/04

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TALLAHASSEE, FLORIDA

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

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

Title Name and Address

"MGR" = Manager

"MGRM" = Managing Member

<u>MGR</u>	<u>Steven Bronchak</u>
	<u>2800 Milum Dr. Lot 28</u>
	<u>Moorhaven, FL 33471</u>
<u></u>	<u></u>
<u></u>	<u></u>
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Steven Bronchak

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 3.00 Certificate of Status (Optional)