SEP P. 01 Page 1 of 1 Divis THE SEP 23 MID: 50 Florida Department of State **Division of Corporations** Public Access System Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H05000227209 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations . (850)205-0383 Fax Number From: : SMITH HULSEY & BUSEY Account Name INVISION OF JULFURATION Account Number : 075030000653 AM 6: 39 : (904)359-7720 Phone : (904)359-7708 Fax Number O E C E M E C 05 SEP 23 1 LIMITED LIABILITY COMPANY Virtual Venders, LLC Certificate of Status Ó Certified Copy 0 Page Count 02 \$125.00 Estimated Charge Public Access Help Electronic Filing, Menu, Corporate Filing J. BRYAN SEP 2:6 2005

9/23/2005

SEP-23-2005 FRI 04:37 PM Smith Hulsey & Busey

FAX NO. 9043597708

(((H05000227209 3)))

ARTICLES OF ORGANIZATION

OF

VIRTUAL VENDERS, LLC

MISSEP 23 HAID: 50 The undersigned organizer, who is the authorized representative of Virtual Venders, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles 77 of Organization.

ARTICLE I - NAME

The name of the Company is Virtual Venders, LLC.

ARTICLE II - PRINCIPAL OFFICE

The street address of the principal office of the Company is 439 20th Street, Atlantic Beach, Florida 32233, and the mailing address is the same.

ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent is Sheryl R. Revis, 439 20th Street. Atlantic Beach, Florida 32233. .Ľ

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 21 day of September, 2005.

Raymond R. Magley Authorized Representative

SEP-23-2005 FRI 04:38 PM Smith Hulsey & Busey

FAX NO. 9043597708

P. 03

(((H05000227209 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is Virtual Venders, LLC.
- 2. The name and the Florida street address of the registered agent and office are Sheryl R. Revis, 439 20th Street, Atlantic Beach, Florida 32233.

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, Sheryl R. Revis, hereby accepts the appointment as registered agent and agrees to act in this capacity. Sheryl R. Revis, further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of her position as registered agent as provided for in Chapter 608, F.S.

Date: September 10, 2005

00508645.DOC.1

05 SEP 23 AM 10: 50 LAHASSEL FILED