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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PM VENDING LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
PM VENDING LLC**

ARTICLE I

The name of the limited liability company shall be: PM VENDING LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

12973 SW 112 STREET, #170
MIAMI FLORIDA 33186

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

The name and address of the initial registered agent is:

NOEL MENDEZ
12973 SW 112 STREET, #170
MIAMI, FLORIDA 33186

ARTICLE V

The limited liability company is to be managed by a managing member.

The undersigned has executed these Articles of Organization on this 30th day of January, 2006.

NOEL MENDEZ

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 10 AM 10:06

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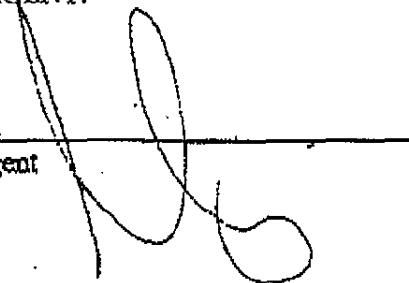
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, **FM VENDING LLC** desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named **NOEL MENDEZ**, whose address is **12973 SW 112 STREET, #170, MIAMI, FLORIDA 33186**, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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.

SIGNATURE
Registered Agent

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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