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FLORIDA/FOREIGN LIMITED LIABILITY CO.

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VISION OF CORPORATION

VDLC, LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # __ HOLODO/100243

ARTICLES OF ORGANIZATION OF VDLC, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: VDLC, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 235 Kearns Ave, Tiverton, Rhode Island 02878.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Patricia Harrington, Montego Cove 3460 SE Martinique Trace #202, Stuart, Florida 34997. Located in the County of Martin.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Khristopher Harrington, 235 Kearns Ave, Tiverton, Rhode Island 02878 Teresa Harrington, 235 Kearns Ave, Tiverton, Rhode Island 02878

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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.

The name of the limited liability company is: VDLC, LLC

The name and address of the registered agent and office is Patricia Harrington, Montego Cove 3460 SE Martinique Trace #202, Stuart, Florida 34997. Located in the County of Martin.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Patricia Harrington 4-18-06

Patricia Harrington Date: 7 16 1200 6

on april 18.2006 Patricia Harrington personally appeared he you me and Produced FLDL as #D

MARCIA L. WOLZ Notary Public - State of Florida My Commission Broires Nov 16, 2006 Commission # DD 372124 Bonded By National Notary Assn.

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