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Florida Department of State  
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DIVISION OF CORPORATION

To:

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Fax Number : (850) 205-0383

From:

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

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**grizz sales & marketing, llc**

Certificate of Status	0
Certified Copy	1
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J. BRYAN JUN 13 2006

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grizz Sales & Marketing, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3160 Dwarf Pine Ave., Winter Park  
FL 32792

Mailing Address:

3160 Dwarf Pine Ave., Winter Park  
FL 32792

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

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

David Grosswald

Name

3160 Dwarf Pine Avenue

Florida street address (P.O. Box NOT acceptable)

Winter Park

FLORIDA 32792

City, State, and Zip

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*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, Florida Statutes.*

*David S. Grosswald*

Registered Agent's Signature

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

David Grosswald  
3160 Dwarf Pine Avenue, Winter Park,  
FL 32792

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

David S. Grosswald  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Grosswald

\_\_\_\_\_  
Typed or printed name of signer

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