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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BLUE SKY MARKETING, LLC.

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TALLAHASSEE, FLORIDA

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Help

BLUE SKY MARKETING, LLC.

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

BLUE SKY MARKETING, LLC.

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY: OTHEL TURNER & COMPANY, ACCOUNTANTS.
5787 WEST SUNRISE BLVD.
PLANTATION, FL 33313
(954) 583-2205

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TALLAHASSEE, FLORIDA

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ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS

5787 W SUNRISE BLVD

PLANTATION, FL 33313

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY
MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF
PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT
FOR SERVICE OF PROCESS.

IN PURSUANCE OF P.S. 48.091, THE FOLLOWING IS SUBMITTED IN
COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA
WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF
PROCESS. OTHEL TURNER ADDRESS: 5787 W SUNRISE BLVD, PLANTATION, FL
33313.

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ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF
PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT
IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID
OFFICE OPEN.

BY: 

ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIZATION:

KATHLEEN ALARCON

3787 W SUNRISE BLVD

PLANTATION, FL 33313

MANAGER'S SIGNATURES

KATHLEEN ALARCON

STATE OF FLORIDA)
COUNTY OF BROWARD) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED KATHLEEN ALARCON, WHO APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 15 DAY OF August, 2006.

(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA



(SEAL)

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TALLAHASSEE, FLORIDA

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