

Dec 05 2006

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Division of Corporations

**L06000116051**

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

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**COMPEAN LLC**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
COMPEAN LLC

**ARTICLE II ADDRESS**

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

16700 W BRIGHTON DR  
LOXAHATCHEE FL 33470

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

ARNOLD COMPEAN JR  
16700 W BRIGHTON DR  
LOXAHATCHEE FL 33470

Having been named as registered agent 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, F.S..

  
ARNOLD COMPEAN JR Registered Agent's Signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one member and is, therefore, a Member-Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

ARNOLD COMPEAN JR  
16700 W BRIGHTON DR  
LOXAHATCHEE FL 33470

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Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

NAME OF SIGNER ARNOLD COMPEAN JR  
Typed or printed name of signer

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