

Florida Department of State  
Division of Corporations  
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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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**VNR DIVERSIFIED SOLUTIONS LLC**

Certificate of Status	0
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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:  
VNR DIVERSIFIED SOLUTIONS LLC

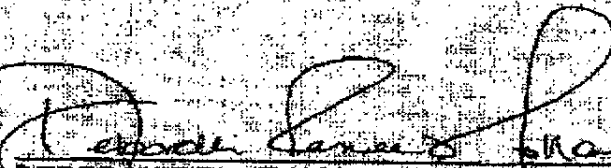
**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:  
1801 SOUTH US HWY 1 #13C  
JUPITER FL 33477

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

The name and the Florida street address of the registered agent are:  
DEBORAH RENEE HOLLON  
1801 SOUTH US HWY 1 #12A  
JUPITER FL 33477

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..



DEBORAH RENEE HOLLON Registered Agent's Signature

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**ARTICLE IV MANAGEMENT**

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

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

VIVIAN SANTOS

1801 SOUTH US HWY 1 #13C

JUPITER FL 33477

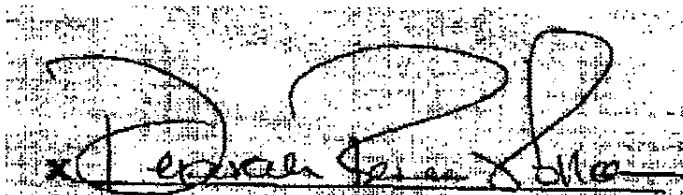
MANAGING MEMBER

DEBORAH RENEE HOLLON

1801 SOUTH US HWY 1 #12A

JUPITER FL 33477

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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 DEBORAH RENEE HOLLON

Typed or printed name of signee

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