

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Kiss Kiss Packages 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:

Kiss Kiss Packages LLC

ARTICLE II ADDRESS

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

524 Ponca Trail
Maitland FL 32751**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

Julie Walker
524 Ponca Trail
Maitland FL 32751

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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's signature / Julie Walker

ARTICLE IV MANAGEMENT

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

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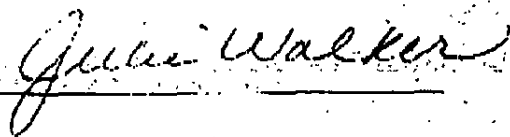
PAGE 2 Klss Klss Packages LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

Managing Member: Julie Walker
524 Ponca Trall
Maitland FL 32751

Managing Member: Dyan Goodman
524 Ponca Trall
Maitland FL 32751



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.)

Julie Walker
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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