

May 10 2007 3:02PM

A1A CORPORATE SERVICES

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Division of Corporations

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To: Division of Corporations
Fax Number : (850) 205-0393
From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Marci Greer 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:

MARCI GREER LLC

ARTICLE II: Address

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

4700 ST CROIX LN #311

NAPLES FLORIDA 34109

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

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

MARCILENE GREER

4700 ST CROIX LN #311

NAPLES FLORIDA 34109

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.

x 

MARCILENE GREER / REGISTERED AGENT'S SIGNATURE

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PAGE 2**MARCI GREER LLC****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:****MARCILENE GREER****4700 ST CROIX LN #311****NAPLES, FLORIDA 34109**

x Marcilene Greer

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.)

MARCILENE GREER

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