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Account Name : BUSINESS FILINGS
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

cannon9 LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
cannon9 LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **cannon9 LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
5401 Collins Ave #1516, Miami Beach, Florida 33140.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Georgia Ruiz-Torres, 5401 Collins Ave Ste #1516, Miami Beach, Florida 33137. Located in the County of Dade.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Georgia Ruiz-Torres, 5401 Collins Ave #1516, Miami Beach, Florida 33140



Date: May 29, 2007

Business Filings Incorporated, Organizer

Terese Coulthard, Asst. Sec.

Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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TALLAHASSEE, FLORIDA

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FAX AUDIT # H07000152261 3CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **cannon9 LLC**

The name and address of the registered agent and office is Georgia Ruiz-Torres, 5401 Collins Ave Ste 1516, Miami Beach, Florida 33137. Located in the County of Dade.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: 

Georgia Ruiz-Torres

Date: June 5, 2007FAX AUDIT # H07000152261 3SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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