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Fax Number : (850) 205-0383

From:  
Account Name : HILCOAST DEVELOPMENT CORP.  
Account Number : I20040000077  
Phone : (561) 640-3157  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Christmas Light Installers, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION  
OF  
CHRISTMAS LIGHT INSTALLERS, LLC**

The undersigned hereby makes, subscribes, acknowledges and files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida:

**ARTICLE I - NAME**

The name of the limited liability company shall be Christmas Light Installers, LLC.

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and the street address of the principal office of Christmas Light Installers, LLC shall be 4596 S.E. Geneva Drive, Stuart, Florida 34997.

**ARTICLE III - REGISTERED AGENT**

The name and street address for the registered agent for service of process in the State of Florida for Christmas Light Installers, LLC shall be Barbara Grimaldi, 4596 S.E. Geneva Drive, Stuart, Florida 34997.

**ARTICLE IV - INDEMNIFICATION**

Subject to the provisions of Chapter 608, Florida Statutes, Christmas Light Installers, LLC shall indemnify and hold harmless any member and/or member-manager and/or employee from and against any and all claims and demands whatsoever.

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ARTICLE V - MEMBERS

The initial members of Christmas Light Installers, LLC shall be

Tony Grimaldi - 50% Interest  
4596 S.E. Geneva Drive  
Stuart, Florida 34997  
Member-Manager

Barbara Grimaldi - 50% Interest  
4596 S.E. Geneva Drive  
Stuart, Florida 34997  
Member-Manager

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ARTICLE VI - ORGANIZER

The name and address of the person signing these Articles of Organization is Barbara Grimaldi, 4596 S.E. Geneva Drive, Stuart, Florida 34997.

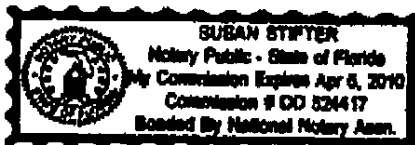
IN WITNESS WHEREOF, I have made and subscribed these Articles of Organization this 12<sup>th</sup> day of September, 2007

*Barbara Grimaldi*  
Barbara Grimaldi, Member-Manager

STATE OF FLORIDA )  
COUNTY OF Palm Beach ) SS:

BEFORE ME, personally appeared Barbara Grimaldi, to me known and well known to me to be the person described in and who executed the foregoing instrument or who produced \_\_\_\_\_ as identification and he/she acknowledged to and before me that he/she executed said instrument for the purpose herein expressed.

WITNESS my hand and official seal this 12<sup>th</sup> day of September, 2007.



*Susan Stifter*  
Notary Public,  
State of Florida

I HEREBY ACCEPT THE DESIGNATION AS REGISTERED AGENT AS SET FORTH IN THESE ARTICLES OF ORGANIZATION AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF THAT POSITION AS PROVIDED FOR IN CHAPTER 608, FLORIDA STATUTES.

*Barbara Grimaldi*  
Barbara Grimaldi

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