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LORIDA/FOREIGN LIMITED LIABILITY CO.

VoYces LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

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FAX AUDIT # 467600 2474713 _

ARTICLES OF ORGANIZATION OF VoYces LLC

ARTICLE I

NAME

The name of the limited liability company shall be: VoYces LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1950 Tindaro Dr, Apopka, Florida 32703.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Runa Benjamin, 1950 Tindaro Dr, Apopka, Florida 32703. Located in the County of Orange.

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:

Runa Benjamin, 1950 Tindaro Dr., Apopka, Florida 32703

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison,

WI 53717

(608) 827-5300

Date: September 25, 2007

FAX AUDIT # #676602474713

• " FAX AUDIT # 407000 2474713

CERTIFICATE 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: VoYces LLC

The name and address of the registered agent and office is Runa Benjamin, 1950 Tindaro Dr., Apopka, Florida 32703. Located in the County of Orange.

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. The process for the appointment as registered. The process is a service of agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes are relating to the proper and complete performance of my duties, and I am familiar with and accept the agent.

Signature Kuna Danjan

Runa Reniamin

Date: 9-29-07

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