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A1A CORPORATE SERVICES

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Division of Corporations

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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CHARLENE SOPHIA WILLIAMS 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:

CHARLENE SOPHIA WILLIAMS LLC

ARTICLE II: Address

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

11858 KIPPER DR

ORLANDO, FL 32827

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

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

CHARLENE WILLIAMS

11858 KIPPER DR

ORLANDO, FL 32827

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.



CHARLENE WILLIAMS / REGISTERED AGENT'S SIGNATURE

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CHARLENE SOPHIA WILLIAMS LLC

ARTICLE IV: MANAGEMENT

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

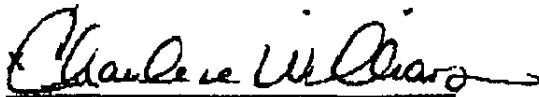
ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

CHARLENE WILLIAMS

11858 KIPPER DR

ORLANDO, FL 32827



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.)

CHARLENE WILLIAMS

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