

Division of Corporations

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

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PERFECT DISPERSIONS, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

PERFECT DISPERSIONS, LLC

ARTICLE I - NAME

The name of the limited liability company shall be PERFECT DISPERSIONS, LLC (the "Company").

ARTICLE II - MAILING ADDRESS AND STREET ADDRESS

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

Mailing Address:

P.O. Box 1202
Captive, Florida 33924

Physical Address:

11541 Paige Court
Captive, Florida 33924

ARTICLE III - INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Thomas D. Farmer
11541 Paige Court
Captive, Florida 33924

ARTICLE IV - PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE V - MEMBERSHIP INTEREST

The Operating Agreement of the Company shall provide that a member's interest in the Company shall be evidenced by a Certificate of Membership Interest issued by the Company, and the Company shall maintain a registry of those certificates.

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ARTICLE VI - MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until its successor is elected and qualified:

Thomas D. Farmer

ARTICLE VII - OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being the original Member of the Company, has executed these Articles of Organization, this 13th day of December, 2007.


Thomas D. Farmer, Member

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: PERFECT DISPERSIONS, LLC

2. The name and address of the registered agent and office is:

Thomas D. Farmer
11541 Palge Court
Captiva, Florida 33924

Having been named as registered agent and 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.


Thomas D. Farmer, Registered Agent

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