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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number: 120070000160
Phone: (800)494-3124

Fax Number : (561)455-9885

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LORIDA/FOREIGN LIMITED LIABILITY CO.

P-T Dreams, L.L.C.

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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: P-T DREAMS, L.L.C.

### ARTICLE II ADDRESS

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

986 GARRISON DRIVE

ST AUGUSTINE, FLORIDA 32092

# ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JOE MICHALA 986 GARRISON DRIVE ST AUGUSTINE, FLORIDA 32092 2007 DEC 20 AM 8 SECRETARY OF STA

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 complywith 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..

JOE MICHALA/ Registered Agent's signature

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P-T DREAMS, L.L.C.

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## 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:

DEBBIE MICHALA

986 GARRISON DRIVE

ST AUGUSTINE, FLORIDA 32092

MANAGING MEMBER:

JOE MICHALA

986 GARRISON DRIVE

ST AUGUSTINE, FLORIDA 32092

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.

JOE MICHALA

Typed or printed name of signee