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

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 485-9885

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

INDEPENDENT SALES LLC

Certificate of Status	0
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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:

Independent Sales LLC

ARTICLE II ADDRESS

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

3217 Jerry Smith Rd.
Dover, FL 33527

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

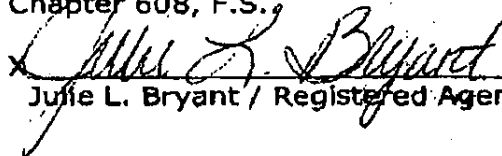
PO Box 2722
Valrico FL 33595

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

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

Julie L. Bryant
3217 Jerry Smith Rd.
Dover, FL 33527

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.



Julie L. Bryant / Registered Agent's signature

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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

Julie L. Bryant

PO Box 2722

Valrico FL 33595

x



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.

Julie L. Bryant

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