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Florida Department of State  
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To:

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

**L. SELLERS**

MAR 21 2008

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Gredon Marketing, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

GREDON MARKETING, LLC

**ARTICLE II**  
**Address**

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

5404 MERRITT ISLAND DRIVE  
APOLLO BEACH, FLORIDA 33572

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Regulations of this Limited Liability Company, but shall never be less than one.

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The name and address of the initial manager of this Limited Liability Company is as follows:

<u>Name</u>	<u>Street Address</u>
Donna Rothfeldt	5404 Merritt Island Drive Apollo Beach, Florida 33572

**ARTICLE V**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

MICHAEL E. NEUKAMM, ESQUIRE  
GRAYROBINSON, PA  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FLORIDA 32801

*Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.*



REGISTERED AGENT'S SIGNATURE

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In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE'S SIGNATURE

ANN CONARD, AUTHORIZED REPRESENTATIVE  
Typed or printed name of signee

FILING FEES:  
\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)

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