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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.**INTERMAR GROUP, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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T. HAMPTON

APR 29 2008

EXAMINER

H080000112274 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERMAR Group, LLC.

ARTICLE II - Address:

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

Principal Office Address:

4960 SW 52nd ST.
SUITE 424
DAVIE, FL. 33317

Mailing Address:

4960 SW 52nd ST.
SUITE 424
DAVIE, FL. 33317

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JOHN L. PHILLIPS

Name

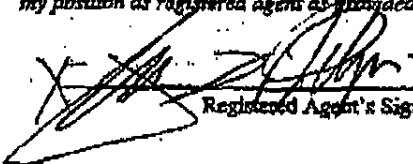
4960 SW 52nd ST. SUITE 424

Florida street address (PO Box NOT accepted)

DAVIE, FL. 33317

City, State, and Zip

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 as provided for in Chapter 60B, FRS.


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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H080000112274 3

H080000112274 3

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

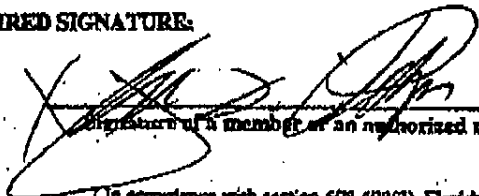
MGRM

JOHN L. PHILLIPS
4960 SW 52ND ST SUITE 424
DAVIE, FL. 33317

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOHN L. PHILLIPS

Typed or printed name of signer

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H080000112274 3