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To: Division of Corporations
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L. SELLERS

MAY - 2 2008

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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EXAMINER

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

professional innovative enterprises, llc

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**ARTICLES OF ORGANIZATION
OF
Professional Innovative Enterprises, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of this limited liability company is:
Professional Innovative Enterprises, LLC

**ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

5817 Strawberry Lakes Circle
Lake Worth, FL 33463

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

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

Owen Roberts
5817 Strawberry Lakes Circle
Lake Worth, FL 33463

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 608, F.S.


Owen Roberts, Registered Agent

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