Division of Corporations
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To:

Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (S16)935-3940

Fax Number : (516)935-3088

EFLORIDA/FOREIGN LIMITED LIABILITY CO.

Absolute Sales Associates, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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APR - 3 2009

EXAMINER

4/2/2009

ARTICLES OF ORGANIZATION FOR

H09000077508

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Absolute Sales Associates, LLC

ARTICLE II - Address

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

Principal Office Address:	al Office Address: Mailing Address:				
2026 El Dorado Parkway West	2026 El Dorado Parkway West	2026 El Dorado Parkway West		026 El Dorado Parkway West	
Cape Coral, FL 33914	Cape Coral, FL 33914		-		
ARTICLE III - Registered Age The name and Florida street address of t	nt, Registered Office & Registered Agent's Signature he registered agent are:	09 APR	SECRE DIVISION		
	Robert W. Harris	2 - 2	# Jp.		
	Name	A			
	2026 El Dorado Parkway West	œ 			
	(P.O. Box or Mail Drop Box NOT Acceptable)	Ω	1.5		
	Cape Coral, FL 33914		-		
	(City / State / 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 608, F.S.

Registered Agent's Signature - Robert W. Harris

ARTICLE IV - Manager(s) o	r Managing Member(s):	H09000077506
	rager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Robert W. Harris - 2026 El Dorado Park	way West, Cape Coral, FL 33914
MGRM	Julie C. Smith - 2026 El Dorado Parkway	West, Cape Coral, FL 33914
(Use attachment if necessary)		
REQUIRED SIGNATURE:	Total W. Lowin	
Signature	of a member or authorized representative of	a member.
	nce with section 608.408(3), Florida Statutes, onstitutes an affirmation under the penalties on are true.)	
	Robert W. Harris	

Typed or printed name of signee