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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Fatsos LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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FAX AUDIT # 4090001390983

**ARTICLES OF ORGANIZATION
OF
Fatsos LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Fatsos LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
1313 West Boynton Beach Boulevard, Boynton Beach, Florida 33436.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Tim Travarca, 1313 West Boynton Beach Boulevard, Boynton Beach, Florida 33436. Located in the County of Palm Beach.

ARTICLE IV DURATION

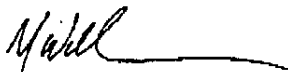
The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the address of the manager of the Limited Liability Company is:

Tim Travarca, 1313 West Boynton Beach Boulevard, Boynton Beach, Florida 33436

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Date: June 1, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

FAX AUDIT # 4090001390983

FAX AUDIT # 4090001390983CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Fatsos LLC**

The name and address of the registered agent and office is Tim Travarca, 1313 West Boynton Beach Boulevard, Boynton Beach, Florida 33436. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Tim Travarca

Tim Travarca

Date: 6/4/09FAX AUDIT # 4090001390983

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