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**Florida Department of State
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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Email Address: _____

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.
DIGNITY ASSURANCE LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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T. HAMPTON

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The Name of the Limited Liability Company is Dignity Assurance LLC.

ARTICLE II. - Address

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

Principal Office Address

595 South Federal Hwy.
Suite 600
Boca Raton, Fl. 33432

Mailing Address

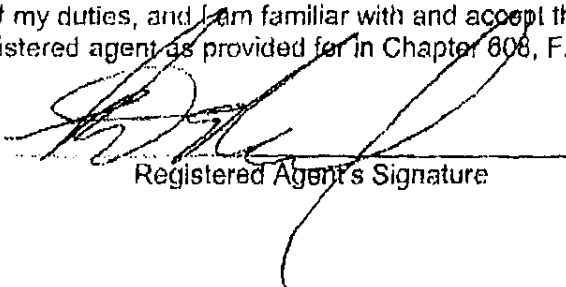
595 South Federal Hwy.
Suite 600
Boca Raton, Fl. 33432

Article III. - Registered Agent, Registered Office & Registered Agent's Signature:

The name and address of the registered agent are:

Robert A. Pascal, P.A.
300 Avenue of the Arts
Fort Lauderdale, Fl. 33312

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 said capacity. I further agree to comply with all 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 806, F.S.



Registered Agent's Signature

The articles prepared by R. Pascal, P.A., 300 Ave of Arts, Ft. Laud. Fl. 33312

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ARTICLE IV. -Manager(s) or managing member(s):

The name and address of each manager or managing member is as follows:

Title:

"MGR"= Manager

"MGRM"=Managing Member

Name and Address:

1. MGR

Frank Reilly
401 S.W. 4th Avenue
Apt. 1705
Fort Lauderdale, Fl. 33315

2. MGR

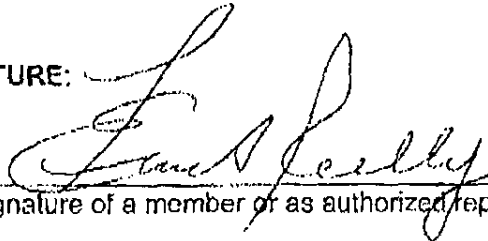
Kevin Shields
609 Darlington Road
Media, Pa. 19063

3. MGR

Scott Waton
1483 Esturany Trail
Delray Beach, Fl. 33383

**ARTICLE V. - Effective Date, if other than date of
filing: _____ (Optional).**

REQUIRED SIGNATURE:



Signature of a member or as authorized representative of member.

In accordance with section 608.408(3), Florida Statutes, the execution
of this document constitutes an affirmation under penalties of perjury
That the facts stated herein are true.

FRANK A. REILLY

Typed or Printed name of signer

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