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Certified Copies	_ Certificate:	s of Status
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41. Call 510

COVER LETTER

TO:

то:	Registration Section Division of Corporations				
SURI	JECT: PIXELN	MARK, LLC			
3000	Name of Limited Liab				
	enclosed Articles of Organization and fee(s) are submitted				
Please	se return all correspondence concerning this matter to the	e following:			
	Eliana	Deacon			
	Name	of Person			
	PIXELM	ARK, LLC			
	Firm (Company			
	178 Mallet Bayou Road				
		dress			
	Erooport 5	lorida 32430			
		lorida 32439 and Zip Code			
	cocolocoenlaple	aya@hotmail.com			
	E-mail address: (to be used for futur	e annual report notification)			
For fu	further information concerning this matter, please call:				
 	Eliana Deacon at (850 865-3700 Area Code & Daytime Telephone Number			
Ençlo	losed is a check for the following amount:				
₽ \$125	Certificate of Status C	55,00 Filing Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
PIXELMA (Must end with the words "Limited Li	RK, LLC iability Company." "L.L.C" or "I.LC.")			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
178 Mallet Bayou Road Freeport, Florida 32439	178 Mallet Bayou Road Freeport, Florida 32439			
(The Limited Liability Company cannot serve as its own R-business entity with an active Florida registration.) The name and the Florida street address of the Eliana Na 178 Mallet Florida street address (Included a street address) Freeport, Florida 324	a Deacon A Deacon Bayou Road P.O. Box NOT acceptable)			
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as t	I to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608. F.S			

(CONTINUED)

Page 1 of 2

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)