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Division of Corporations

Fax Number : (\$50)617-6383

From:

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Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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FLORIDA LIMITED LIABILITY CO.

LITE & FIT LLC

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S. HAWKES

APR 1 4 2010

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LAZARUS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ANY COLOR OF CHARACTERS TO LIVE TO THE PROPERTY OF THE PROPERT
ARTICLE I - Name:
The name of the Limited Liability Company is:
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(Must and with the words "Limited Liability Company, "LL.C.," or "LLC.")
E w m
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is 19
Defended Office Address
Principal Office Address: Mailing Address:
8397 N. MISSIONWOOD CIR som.
MIRAMAR, FL 33025
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another
business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Paracular Samuel and Aller
PORNLADA SURIYABURAPAKUL
Name '

8397 N. MISSION WOOD CIR Florida street address (P.O. Box NOT acceptable) MIRAMAR, FL 33025
City, State, and 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..

Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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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:

3052201440

<u>Title:</u> "MGR" = Manag		Name and Address:	• •
"MGRM" = Man			
MGR_		PORNLADA	SURIYABURAPAI
		8397 N MI	SC Ed ALDIOAN ALA
		MIRAMAR, F.	SURIYABURAPAI SSIONWOOD CIR L33025
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		-11	
	ted, the date must be sp te of filing.) `	e of filing: ecific and cannot be mor	(OPTIONAL) re than five business days prior
•	CHE CS		
	Signature of a member or	an authorized representativ	e of a member.
	(In accordance with section of this document constitute that the facts stated hereis	608.408(3), Florida Statutes, s an affirmation under the pen-	the execution alties of perjury
	~	SURIYABURAPA or printed name of signee	AKUL
	Typed	or printed name of signes	
Filing Ress			

Filing Fees:

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

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