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**FLORIDA LIMITED LIABILITY CO.  
True Perfection, LLC**

Certificate of Status	0
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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: **True Perfection, LLC**

## ARTICLE II PRINCIPAL OFFICE ADDRESS

The principal place of business/mailling address is:

Principal Address 4321 Plaza Drive, Apt # 307  
Holiday, FL 34691

Mailing Address: 4321 Plaza Drive, Apt # 307  
Holiday, FL 34691

## ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: Cory J. Hescox  
4321 Plaza Drive, Apt # 307  
Holiday, FL 34691

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

Cory J. Hescox  
Signature/Registered Agent

7-14-2010  
Date

## ARTICLE IV Managing Member(s)

The name and address of the Managing Member(s) is as follows:

Cory J. Hescox- Manager Member  
4321 Plaza Drive, Apt # 307  
Holiday, FL 34691

## ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing.

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

Cory J. Hescox  
Signature/Incorporator/Managing Mbr.

7-14-2010  
Date

Cory J. Hescox  
Printed name of Signer