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Fax Number : (850) 617-6383

From: Account Name : LAW OFFICE OF LAUREN M. IIVENTO, P.A.  
Account Number : 120090000093  
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FLORIDA LIMITED LIABILITY CO.  
Pam Squared, LLC

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Page Count	02
Estimated Charge	\$125.00

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SECOND JUDICIAL CIRCUIT

**ARTICLES OF ORGANIZATION OF**  
**PAM SQUARED, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name**

The name of the Limited Liability Company is PAM SQUARED, LLC.

**ARTICLE II — Address**

The mailing address of the Limited Liability Company is P.O. Box 690704, Orlando, Florida 32869 and the principal office address is 8328 Lake Serene Drive, Orlando, Florida 32836.

**ARTICLE III — Registered Agent, Registered Office**

The name and the street address of the initial registered agent are Law Office of Lauren M. Ilvento, P.A., 450 North Wymore Road, Winter Park, Florida 32789.

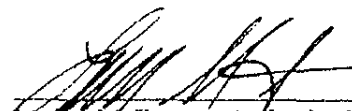
**ARTICLE IV — Management**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager of the Company is Pam Thomas, P.O. Box 690704, Orlando, Florida 32869.

**ARTICLE V — Additional Provisions**

Any Operating Agreement relating to this Limited Liability Company must be in writing and signed by all of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 6<sup>th</sup> day of October, 2010.

  
\_\_\_\_\_  
Lauren M. Ilvento, Authorized Representative

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ACCEPTANCE OF REGISTERED AGENT

I agree to act as Registered Agent for Pam Squared, LLC to accept service of process and further state that I am familiar with and accept the duties and responsibilities of Registered Agent as of this 6th day of October, 2010.

REGISTERED AGENT:

**Law Office of Lauren M. Ilvento, P.A.**

By: 

Lauren M. Ilvento, Esq.  
Authorized Representative

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