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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SEURETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE

AUG 08 2011

EXAMINER

COVER LETTER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
3VI INTERNATIONAL, LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compan	y is:

ADTICLE L. Names

Principal Office Address:	Mailing Address:

20160 NW 9TH DRIVE 20160 NW 9TH DRIVE PEMBROKE PINES, FL 33029

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:

VERANDA TAYLOR

Name

20160 NW 9TH DRIVE

Florida street address (P.O. Box NOT acceptable)

PEMBROKE PINES

33029

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	mber
MGR	VINCENT A TAYLOR
	20160 NW 9TH DRIVE PEMBROKE PINES, FL 33029
MGR	VERANDA TAYLOR
	20160 NW 9TH DRIVE
	PEMBROKE PINES, FL 33029

(Has attachment if massage	
(Use attachment if necessa	
ARTICLE V: Effective date, if oth (If an effective date is listed, the date)	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prio
to or 90 days after the date of filin	•
DECLUDED CLOSS MAN	
REQUIRED SIGNATUR	
Signature	of a member or an authorized representative of a member
constitutes an affir I am aware that an constitutes a third	of a member or an authorized representative of a member of a member of an authorized representative of a member of section 608.408(3), Florida Statutes, the execution of this definent of mation under the penalties of perjury that the facts stated herein are true, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee

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)