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FLORIDA LIMITED LIABILITY CO.
VIDACUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

D. BRUCE

MAR 19 2012

EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

VIDACUP, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office
Limited Liability Company is:

4830 W KENNEDY BOULEVARD, STE 445
TAMPA, FLORIDA 33609

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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

DONNA VALDES
8340 ULMERTON ROAD #224
LARGO, FLORIDA 33771

Having been named as registered agent 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.

x



DONNA VALDES / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MEMBERS

MANAGER

ROBERT GRIES

4830 W KENNEDY BOULEVARD, STE 445

TAMPA, FLORIDA 33609

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.....
X

Signature of a member or an authorized representative of a 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.

ROBERT GRIES

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