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To:

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From:

Account Name : CSH SERVICES, LLC  
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**FLORIDA LIMITED LIABILITY CO.  
VICTORIA'S MAGIC MILK SAND ART, LLC**

Certificate of Status	0
Certified Copy	0
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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:

VICTORIA'S MAGIC MILK SAND ART, LLC

**ARTICLE II      ADDRESS**

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

124 BRENDALE DR.

ORMOND-BY-THE-SEA, FL 32176

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

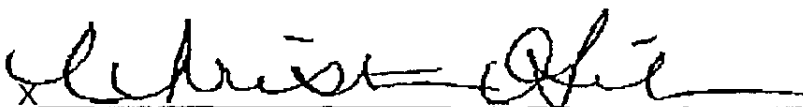
The name and the Florida street address of the registered agent are:

CHRISTINA GIBSON

836 HIBISCUS AVE.

HOLLY HILL, FL 32117

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.



CHRISTINA GIBSON / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

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

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

CHRISTINA GIBSON

836 HIBISCUS AVE.

HOLLY HILL, FL 32117

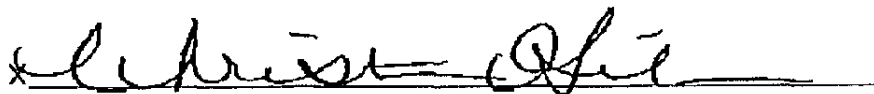
MANAGING MEMBER

PETE APARO

124 BRENDALE DR.

ORMOND-BY-THE-SEA, FL  
32176

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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.

CHRISTINA GIBSON

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