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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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TALLAHASSEE, FLORIDA

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Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Perk Limited LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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June 25, 2012

CSH SERVICES, LLC

SUBJECT: PERK LIMITED LLC
REF: W12000033957

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "LIMITED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H12000166260
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TALLAHASSEE, FLORIDA

H12000166260 3

**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:

PERKINS UNLIMITED LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

336 KINGSTON STREET S
ST PETERSBURG, FL 33711

The mailing address of the Limited Liability Company is:

PO BOX 15832
ST PETERSBURG, FL 33733**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

MARCELL PERKINS
336 KINGSTON STREET S
ST PETERSBURG, FL 33711

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


MARCELL PERKINS / Registered Agent's signature

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H12000166260 3

H12000166260 3

PAGE 2 PERKINS UNLIMITED LLC

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)

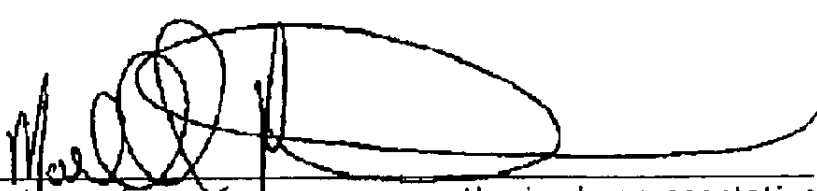
MANAGING MEMBER

MARCELL PERKINS

PO BOX 15832

ST PETERSBURG, FL 33733

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.

MARCELL PERKINS

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TALLAHASSEE, FLORIDA

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