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Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
KEEP DRY HYGIENE DISPOSABLES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK

JUL - 5 2012

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Keep Dry Hygiene Disposables 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 Company is:

Principal Office Address:**Mailing Address:**1750 NW 107th ave
Unit P-401
Doral FL 33172SAME**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:

Wilhelm G. Sandoval-Arellano
Name1750 NW 107th AV Unit P-401
Florida street address (P.O. Box **NOT** acceptable)
Doral FL 33172
City, State, and ZipFILED
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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.

Michael A. Sandoval
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMWILHELM G. SANDOVAL-ARELLANO
1750 NW 107 AVE UNIT P401
MIAMI FL 33172MGRMJUAN RICCO BONO
5959 COLLINS AVE APT 1407
MIAMI BEACH 33140

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:*Wilhelm G. Sandoval-Arellano*

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.)

WILHELM G. SANDOVAL-ARELLANO

Typed or printed name of signer

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)

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STATE OF FLORIDA
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