Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## FLORIDA LIMITED LIABILITY CO.

## Platinum Distribution LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Platinum Distribution LLC	City Common MT T C Room 1 C CO
(Must end with the words "Limited Lish	niny Company, "L.L.C.," or "LLC.")
CLE II - Address:	
alling address and street address of the principal office	of the Limited Liability Company is:
	• • •
Principal Office Address:	Mailing Address:
256 Charter Way	256 Charter Way
West Palm Beach, FL 33407	West Palm Beach, FL 33407

Frank LaFrese
Name

256 Charter Way
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33407
City State Zip

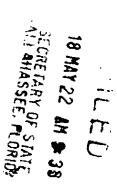
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 605, F.S..

Frank LaFrese

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



"AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Frank LaFrese		
	256 Charter Way		
	West Palm Beach, FL 33407		
<del></del>			
<del></del>			
<del></del>			
Jac attachment if necessary)			
on meaning it is not cook h			
V: Effective date, if other than the date of	filing: (OPTIONAL)		
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filing.)  the date inserted in this block does not meant's effective date on the Department of the VI: Other provisions, if any.  COUIRED SIGNATURE:  Frank LaFrese  Signature of a meant of the provision of the	et the applicable statutory filing requirements, this date will not State's records.  State's records.  For or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to be 100.000.		

Page 2 of 2