

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

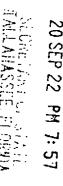
Fax Number : (850)617-6381

From:

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Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Fax Number : (855)330-1010



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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.

Prodispre IIc

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Prodispre IIc

(Must contain 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:

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7901 4th St N	7901 4th St N
STE 300	S1E 300
St. Petersburg FL 33702	St. Petersburg FL 33702

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:

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Name

7901 4th St N STE 300

Florida street address (P.O. Box NOT acceptable)

FL 33702 St. Petersburg City State

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..

Registered Agents Inc.

- Assistant Secretary

Bill Havre

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
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(Use attachment if necessary)	
LE V: Effective date, if other than the da	te of filing: (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ument's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)