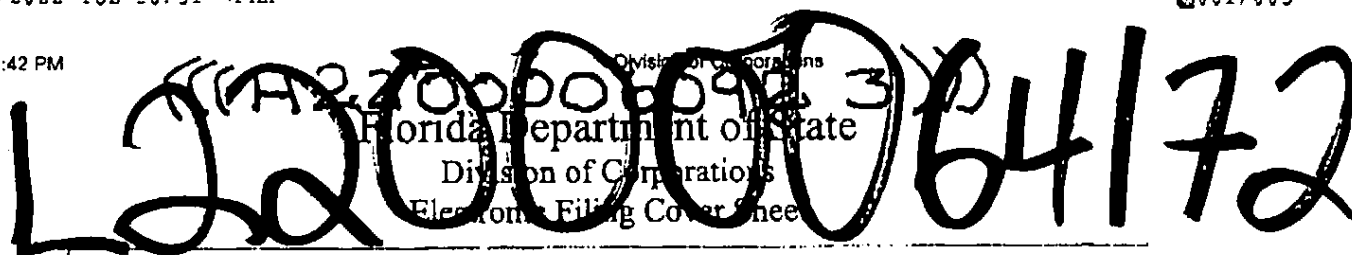


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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : OSBORNE & OSBORNE, P.A.  
Account Number : 120000000119  
Phone : (561)395-1000  
Fax Number : (561)368-6930

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TALLAHASSEE, FLORIDA

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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: RIM2@OSBORNEPA.COM

**FLORIDA LIMITED LIABILITY CO.  
THE INFUSED, L.L.C.**

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

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((( H 22 00006092 3 )))

ARTICLES OF ORGANIZATION FOR THE INFUSED, L.L.C.**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE INFUSED, L.L.C.

**ARTICLE II - Address:**

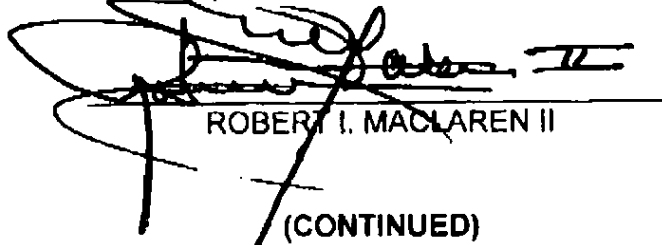
The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**1515 S. Federal Highway  
Suite 106  
Boca Raton, Florida 33432**Mailing Address:**1515 S. Federal Highway  
Suite 106  
Boca Raton, Florida 33432**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ROBERT I. MACLAREN II  
1515 S. Federal Highway  
Suite 106  
Boca Raton, Florida 33432

*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.*



ROBERT I. MACLAREN II

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV -**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

ADDRESS

**ERIKA PENA**

211 EAST MELBOURNE AVENUE  
MELBOURNE, FLORIDA 32901

**ARTICLE V:** Effective date is

DATE OF FILING

**ARTICLE VI:**

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the Articles of Organization adopted by the Members. The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

**REQUIRED SIGNATURE:**


**Signature of a member or an authorized representative of a member.**

(In accordance with section 895.0203 (1) (b), Florida Statutes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Robert I. MacLaren II**

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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