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CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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CORPORATION(S) NAM	TE .		
		39	
PPCT Products LLC		9	CKE FAX FOR PORATIONS
() Profit () Nonprofit	() Amendment	() Merger	ATIONS
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC	
() Certified Copy	() Photocopies	() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	
Name Availability C Document Examiner Updater Verifier Acknowledgement W.P. Verifier	01/18/99	99 JAN 19 AM 9: 1 DIVISION OF CORPORATI	7777

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: PPCT PRODUCTS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 7635 WEST 28TH AVENUE HIALBAH, FLORIDA 33106

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: DECEMBER 31, 2049

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

JOSPEH A ROTMIL 7635 WEST 28TH AVENUE HIALEAH, FLORIDA 33106

	The Limited Liability	Company is to	be managed	by the	members	and the	name(s)	and
8	ddress(es) of the mans	iging member(s	s) is/are:					

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

N/A

SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of PPCT PRODUC			certifies:		
the above named limited liability company has at least one member; the total amount of cash contributed by the member(s) is		1,000.00		;	
 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto,); and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is 	\$	<u>-0</u> -		;	
4	φ.	1,000.0		 •	
Signature of a member or an authorized representative of a mer	nbe	 r.			
(In accordance with section 608.408(3), Florida Statutes, the execution affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.)	ı of	this	61 NVF 65	SECRETAR DIVISION OF	
JOSEPH A ROTMIL, MANAGER					
Typed or printed name of signee			AH 9: 5	D OF STATE PORATIO	

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

l.	The name of the limited liability company is: PPCT PRODUCTS LLC	•	
2.	The name and the Florida street address of the registered agent are:	99 JAN	SECRET DIVISION O
	JOSEPH A ROTMIL	19	
	NAME	3	ORPO S
	7635 WEST 28TH AVENUE	9: 55	PORATIONS
	Florida street address (P. O. Box NOT ACCEPTABLE)	ហ	NS.
	HIALEAH, FLORIDA 33106		

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. If 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.

CITY, STATE AND ZIP

By: SIGNATURE

Filing Fee: \$35 as for Designation of Registered Agent