

SHERON K. FLASTER
Independent National Sales Director

L99000006748

October 4, 1999

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

000003008850--4
-10/07/99-01081--009
****285.00 ****125.00

Gentlemen:

I have enclosed the Articles of Incorporation to form SHERON K. FLASTER, LLC a limited liability company to be used as the vehicle for the normal conduct of my business. Please process the forms soonest and call me should you have any questions.

Thank you for your cooperation.

Sincerely,

Sheron K. Flaster

Sheron K. Flaster

FILED
99 OCT 7 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99-6748

Name	<i>OK</i>
Availability	<i>10-15</i>
Document	<i>OK</i>
Examiner	<i>OK</i>
Updater	<i>OK</i>
Updater	<i>OK</i>
Verifier	<i>OK</i>
Acknowledgment	<i>OK</i>
W. P. Verifier	<i>OK</i>



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sheron K Flaster, LLC

ARTICLE II - Address:

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

5545 Berry Blossom Way W
West Palm Beach, FL 33415-4448

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Twenty years (20) from the date of organization or the death of the principle member, Sheron K. Flaster, which ever shall come first.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the member and the name and address of the managing member is:

Sheron K Flaster
5545 Berry Blossom Way W
West Palm Beach, FL 33415-4448

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:

No additional members shall be accepted.

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:

Non Applicable.

FILED
9 OCT -7 PM 5:00
CLERK OF DISTRICT COURT
JANUARY 11 2008

FILED
OCT-7 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sharon K. Flaster

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sharon K. Flaster

Typed or printed name of signee

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 STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Sheron K. Flaster, LLC

2. The name and the Florida street address of the registered agent are:

Robert J. Flaster

Name

5545 Berry Blossom Way W

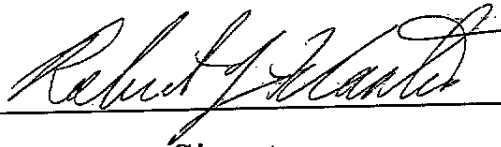
Florida street address (P. O. Box NOT ACCEPTABLE)

West Palm Beach, FL 33415-4448

City, State And Zip

FILED
99 OCT -7 PM 5:00
CLERK OF STATE
TREASURY
FLORIDA

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.



Signature

Filing Fee: \$ 35 for Designation of Registered Agent