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TALLAHASSEE FLORIDA DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

synaesthesia, llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SYNAESTHESIS, LLC

ARTICLE II - Address:

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

MAILING:

P.O. BOX 864, FT. LAUDERDALE, FL 33302 PRINCIPAL OFFICE: 612 SW 16 STREET FT. LAUDERDALE, FL 33315

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

KIM ANASTON-KARAS (PRINCIPAL) Name

612 SW 16 STREET

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

FT. LAUDERDALE, FL 33315

City, State, and Zip

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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 608, P.S.

[Signature] Registered Agent's Signature

Article IV - Management (Check box if applicable.)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)

[Signature] Signature of a member or an authorized representative of a member

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

KIM ANASTON-KARAS

Typed or printed name of signer

Filing Fees: \$20.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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