

**L06000010785**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Map Builder, LLC**

Certificate of Status	0
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*Handwritten initials/signature*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#060000.254223

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

Map Builder, LLC

**ARTICLE II ADDRESS**

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

5700 CAMINO DEL SOL #204  
BOCA RATON, FL 33433

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY, FL 32351

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



A1A REGISTERED AGENT INC. / Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is therefore, a Member Managed Company.

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TALLAHASSEE, FLORIDA

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**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

Managing Member: MERIT LEE COHEN  
5700 CAMINO DEL SOL  
BOCA RATON, FLORIDA 33433

Managing Member: ROBERT YOUNG  
5405 ALTON PARKWAY #5A-370  
IRVINE, CALIFORNIA 92604



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 affirmation under the penalties of perjury that the facts stated herein are true.)

MERIT LEE COHEN  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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