Note: Piease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839

Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. AMBASSADOR REFERRAL SERVICES LLC

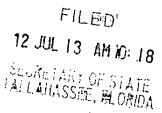
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	
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AMBASSADOR REFERE	RAL SERVICES LLC
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "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:	Malling Address:
910 SW 18TH CT BLD 100	7447 SE 12TH CIRCLE
OCALA, FL 34471	OCALA, FL 34480
	gistered Office, & Registered Agent's Signature: on Registered Agent You must design size an individual or mother of the registered agent are:

ROBERT DEICHMAN
Name
7447 SE 12TH CIRCLE

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

OCALA FL 34480

City, State, and Zip

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Titlei Name and Address: "MGR" - Manager "MORM" = Managing Member MGRM ROBERT DEICHMAN 7447 SE 12TH CIRCLE OCALA, FL 34480 MGRM NANCY DEICHMAN 7447 SE 12TH CIRCLE OCALA FL 34480 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(1), 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 a.B17.155, F.S.) ROBERT DEICHMAN Typed or printed name of signee Filing Form . 5125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 39.09 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)