Note: Please 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.

(((H21000072674 3)))



H210000726743ABC1

will generate another cover sheet.	• .	
Го:		
Division of Corporations	-	
Fax Number : (850)617-6381	* * -	
From:	-	
Account Name : REGISTERED AGENTS INC.		``
Account Number : 120090000081		-
Phone : (307)200-2803		
Fax Number : (855)330-1010		
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.		3 1 1 107
Email Address:		1 !
FLORIDA LIMITED LIABILITY CO.		

FLORIDA LIMITED LIABILITY CO. BRAINNFORCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

A 3/3/

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BRAINNFORCE	LLC			
(Must o	contain the words "Limited I	iability Company, '	`L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	fice of the Limited	Liability Company is:	
Prin	cipal Office Address:		Mailing Address:	
7901 4th St N		7901	7901 4th St N	
STE 300		STE		
St. Petersburg, Fl	_ 33702	St. Po	etersburg, FL 33702	
nother business entity with	an active Florida registratio	n.) agent are:	t's Signature: You must designate an individual or	
mother business entity with	an active Florida registratio	n.) agent are:		
mother business entity with	an active Florida registratio	agent are: Agent LLC Name		
mother business entity with	an active Florida registration eet address of the registered Northwest Registered	n.) agent are: Agent LLC Name	You must designate an individual or	
mother business entity with	an active Florida registratio eet address of the registered Northwest Registered 7901 4th St N STE 30	n.) agent are: Agent LLC Name	You must designate an individual or	
mother business entity with	an active Florida registration eet address of the registered Northwest Registered 7901 4th St N STE 30 Florida street address	agent are: Agent LLC Name 00 (P.O. Box NOT ac	ou must designate an individual or	

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Uwe Wolfgang Wagenknecht 7901 4th St N STE 300 St. Petersburg, FL 33702	
(Use attachment if necessary)		
f an effective date is listed, the date must be spe e date of filing.)	te of filing:	
		
		<u> </u>
		רט ל
REQUIRED SIGNATURE:	nember or an authorized representative of a member.	1

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Morgan Noble