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

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SELL YOUR FRANCHISE, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**Sell Your Franchise, LLC**

**ARTICLE II - ADDRESS:**

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

**1200 Brickell Bay Drive, Unit #2501  
Miami, FL 33131**

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

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

**Michael Dorgan**  
Name

**1200 Brickell Bay Drive, Unit #2501**  
Florida Street Address (P.O. Box not acceptable)

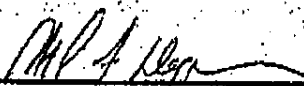
**Miami, FL 33131**  
City, State, and Zip

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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, F.S.*



Registered Agent's Signature

**ARTICLE IV -- Manager(s) or Managing Member(s):**

The name and address of each Manager and Managing Member are as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

<u>MGRM</u>	<u>Michael Deegan</u>
	<u>1200 Brickell Bay Dr., Unit 2501</u>
	<u>Miami, FL 33131</u>

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**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.)



\_\_\_\_\_  
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.)

Michael Deegan

\_\_\_\_\_  
Typed or printed name of signee