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Florida Department of State
Division of Corporations
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Account Name : INGRID M. BACHELOR C.P.A.
Account Number : I20000000120
Phone : ~~(954) 752-4183~~ (954) 752-2758
Fax Number : (954)752-4183

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Email Address: ingrid@bachelorandassociates.com

FLORIDA LIMITED LIABILITY CO.

Absolute Gigs, LLC

Certificate of Status	1
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
Absolute Gigs, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of this limited liability company is:

Absolute Gigs, LLC

**ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

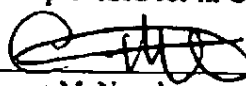
3045 Toscana Lane West
#302
Margate, FL 33063

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

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

Carnett McNaught
3045 Toscana Lane West
302
Margate, FL 33063

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 605, F.S


Carnett McNaught
Registered Agent

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Prepared By: Ingrid M. Bachelor CPA
License No. AC-0032360
10235 West Sample Road
Suite 205
Coral Springs, FL 33065
954-752-2758

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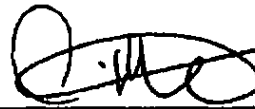
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**ARTICLE IV
MANAGEMENT**

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Carnett McNaught
3045 Toscana Lane West
Apt 302
Margate, FL 33063

Manager



Name: Carnett McNaught

Title: Authorized Representative of the
Members.

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under 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 s.817.155, F.S.)

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