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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CS SUMBIZ, LLC Account Number : 120040000164

Phone : (407)691-5600 Fax Number : (407)691-5620

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

Email Address: _____KWHITE@AHG-GROUP.COM

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FLORIDA LIMITED LIABILITY CO. 4M2Y VENTURES, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SHARY OF STATE TALLAHASSEE, FI

4M2Y VENTURES, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

CS Sunbiz, LLC

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

Principal Office Address:

Mailing Address:

700 W MORSE BOULEVARD 700 W MORSE BOULEVARD SUITE 220 SUITE 220 WINTER PARK, FL 32789 WINTER PARK, FL 32789

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CS SUNBIZ, LLC Name

700 W MORSE BOULEVARD, SUITE 220

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

WINTER PARK FLÖRIDA City State Źip

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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| Title: "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager MGR | |
| MGR . | AHG MANAGER, LLC |
| | 700 W MORSE BOULEVARD, SUITE 220 WINTER PARK, FL 32789 |
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| LE V: Effective date, if other than the date- fective date is listed, the date must be spe of filing.) If the date inserted in this block does not m ment's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer This document is execute I am aware that any false | neet the applicable statutory filing requirements, this date will not be State's records. The property of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)