

**L0000006785**

Florida Department of State  
Division of Corporations  
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To:  
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From:  
Account Name : KLUGER, PERETZ, KAPLAN & BERLIN, P.A.  
Account Number : I19990000171  
Phone : (305)379-9000  
Fax Number : (305)379-3428

Attn:  
Ellen Widom

**LIMITED LIABILITY COMPANY**

**Ticket Clinic.com, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION**

**FOR**

**TICKET CLINIC.COM, LLC**

**ARTICLE I - NAME**

The name of the limited liability company shall be Ticket Clinic.com, LLC (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company shall be: c/o Ronny J. Halperin, 201 S. Biscayne Blvd., Suite 1700, Miami, Florida 33131.

**ARTICLE III - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the Company in the State of Florida is: Miami Center Registered Agents, Inc., 201 S. Biscayne Blvd., Suite 1700, Miami, Florida 33131.

*Having been named as registered agent and to accept service of process for the above-stated 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 of registered agent as provided for in Chapter 608, F.S..*

MIAMI CENTER REGISTERED AGENTS, INC.

By:   
Ronny J. Halperin, Vice President

  
Ronny J. Halperin, Authorized Representative

(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.)

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