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Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

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From:

Account Name : PROSKAUER ROSE LLF Account Number : 074673001063

Phone

Fax Number

: (561)995-4751 : (561)241-7145

# LIMITED LIABILITY COMPANY

THE PARTNERS NETWORK, LLC

DIVISION OF CORPORATION

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: THE PARTNERS NETWORK, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2255 Glades Road, Suite 337W, Boca Raton, FL 33431.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324

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.

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ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager-managed company.

Signature of a member of 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.)

Richard Cleary

Typed or printed name of signee

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