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Florida Department of State

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

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To:

Division of Corporations

Fax Number

÷ (850)205-0383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Phone

: (561)686-3307

Fax Number

: (561)686-5442

## LIMITED LIABILITY COMPANY

Outnumbered, LLC

Certificate of Status	
Certified Copy	0
Page Count	1
Estimated Charge	03
Charge	\$155.00





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# ARTICLES OF ORGANIZATION

#### OF

#### OUTNUMBERED, LLC

I, the undersigned authorized representative of the sole Member, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

## ARTICLE I

The name of this Limited Liability Company is:

OUTNUMBERED, LLC

## ADDRESS

The mailing address and the principal office address is:

1191 N. Federal Highway PMB 103 Delray Beach, FL 33483

#### ARTICLE III **DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE IV MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its sole Member and is, therefore, a member-managed company.

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#### ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

The sole Member shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the sole Member has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 2nd day of May, 2002.

Manuel Farach, Authorized Representative of the

Sole Member

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

1. The name of the Limited Liability Company is:

#### OUTNUMBERED, LLC

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

Manuel Farach 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

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Manuel Farach, Registered Agent

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