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Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 673-0347
Fax Number : (305) 532-0738

DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

Serious Solutions, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
Serious Solutions, LLC

ARTICLE II ADDRESS

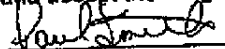
The mailing address and street address of the principal office of the Limited Liability Company is:

6259 Blank Drive
Jacksonville, Florida 32244

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:
A1A CORPORATE SERVICES INC.
1221 BRICKELL AVE. SUITE 900
MIAMI, FL 33131

Having been named as registered agent 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 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.


Paul Sui
Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one member or more members.

ARTICLE V MEMBERS (optional)

Managing Member :
Lee David Graves
6259 Blank Drive
Jacksonville, Florida 32244


Signature of a member or 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.

Lee David Graves
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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