

Please file the enclosed documents to form a:

Corporation

Limited Liability Company

Reference Florida Department of State Letter Number: 502A00046866 - check for filing fees sent with original submittal,

Please return our filed/stamped copy of the articles and/or our filing receipt in the enclosed pre-stamped mailer.

If you have any questions, I can be reached at 520.881.3989.

Thank you for processing this filing.

Sincerely,

Incorporator/Organizer

D2 AUG 20 PH 3: 35

PO Box 13092, Tucson, AZ 85732 Email: incorporator@smallbiz.com Toll Free: 866.2INC.NOW

FAX: 734.468.6219



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 6, 2002

SMALLBIZ.COM PO BOX 13092 TUCSON, AZ 85732

SUBJECT: IVOUCH.BIZ, LLC Ref. Number: W02000022600

UZ AUG ZU PH 3133

We have received your document for IVOUCH.BIZ, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 502A00046866

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: iVouch.biz, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2490 S. Scarlet Oak Ct, Sarasota, FL 34232

| ARTICLE III - Registo | tered Agent, Registered Office, & Registered Agent's Sign | afure• |
|---|--|-----------------------------|
| | da street address of the registered agent are: | E 8 |
| | Matthew Ortner | AUG. |
| | Name | (A) No. 100 (A) No. 100 (A) |
| | 2490 S. Scarlet Oak Ct. | |
| | Florida street address (P.O. Box NOT acceptable) | |
| | Sarasota, FL 34232 | |
| | City, State, and Zip | 3 |
| as provided for in Chapter (| ry. I further agree to comply with the provisions of all statutes relatively duties. I am familiar with and accept the obligations of my positions. Registered Agent's Signature ement (Check box only if applicable.) | tion as registered agent |
| | | |
| The Limited Liabili a manager – manage | ity Company will be managed by one manager or more managed company. | gers and is, therefore, |
| | additional article must be added if an effective date is requested. Signature of a member or an authorized representative of a member | |
| uoci | accordance with section 608.408(3), Florida Statutes, the execution of this cument constitutes an affirmation under the penalties of perjury that the is stated herein are true. I affirm that the facts, as stated, are true. | i |

Michael Banner, Authorized Representative
Typed or printed name of signee