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| PICK-UP                                 | <u></u>     | <b>N</b> AIT | MAIL |  |
| (Business Entity Name)                  |             |              |      |  |
| (Document Number)                       |             |              |      |  |
| Certified Copies Certificates of Status |             |              |      |  |
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SECRETARY OF STATE
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## TRANSMITTAL LETTER

| то:      | Registration Section Division of Corporations  |      |
|----------|--|------|
| SUBJE    | CCT: FLORIDIAN MARKETING SERVICES, LLC   |      |
|          | (Name of Limited Liability Company)  |      |
| The end  | closed Articles of Organization and fee(s) are submitted for filing.                         |      |
|          | Please return all correspondence concerning this matter to the following:                    |      |
|          | Lisa Fittante  |      |
|          | (Name of Person)   |      |
|          | Floridian Marketing Services, LLC  |      |
|          | (Firm/Company)   |      |
|          | 5499 North Federal Highway, Suite G  | _    |
|          | (Address)  | -    |
|          | Boca Raton, Florida 33487  |      |
|          | (City/State and Zip Code)  |      |
| For furt | ther information concerning this matter, please call:  AH  AH  AH  AH  AH  AH  AH  AH  AH  A | TILE |
| Lisa Fi  |  | - C  |
|          | (Name of Person) (Area Code & Daytime Telephone Number 07 2: 25                              | Ö    |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |  |
|--|--|
| The name of the Limited Liability Company is:  |  |
| Floridian Marketing Services, LLC  |  |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Lin  | nited Liability Company is:            |
| Principal Office Address: Mailing Addr   | ess:                                   |
| 5499 N. Federal Highway, Suite G   |  |
| Boca Raton, Florida 33487  | <del></del>                            |
|  |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered of the name and the Florida street address of the registered agent are:  Lisa Fittante  Name  5499 N. FEDERAL HIGHWAY, SUITE G  Florida street address (P.O. Box NOT acceptable) | CRETARY OF STATE TAGELAHASSEE, FLORIDA |
| Boca Raton, FLORIDA 33487  | -                                      |
| City, State, and Zip   |  |

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title:                                | Name and Address:   |
|---------------------------------------|---|
| "MGR" = Manager                       |   |
| "MGRM" = Managing Member              |   |
| MGRM                                  | Lisa Fittante   |
| <del></del>                           | 5499 N. Federal Highway, Suite G  |
|                                       | Boca Raton, Florida 33487   |
| MGRM                                  | Brian Biginski BALINSKI   |
|                                       | 5499 N. Federal Highway, Suite G  |
|                                       | Boca Raton, Florida 33487   |
| MGR                                   | Maxco Ventures LLC  |
| <del></del>                           | 5499 N. Federal Highway, Suite G  |
|                                       | Boca Raton, Florida 33487   |
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| REQUIRED SIGNATURE:                   | .>` ∨ı  |
| Sina M                                | utante  |
| Signature of a member or an aut       | thorized representative of a member.  |
|                                       | 08(3), Florida Statutes, the execution firmation under the penalties of perjury |
| LISA GITT                             | ANT4  |
|                                       | ted name of signee  |
|                                       |   |

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent /

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)