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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

the bit, llc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

THE BIT, LLC

ARTICLE I

The name of the Limited Liability Company shall: THE BIT, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 2900 NW 35TH STREET, MIAMI, FL 33142.

ARTICLE IV

The name and the Florida street address of the registered agent are:
THOMAS PARKER, 2900 NW 35TH STREET, MIAMI, FL 33142.

ARTICLE V

The name of the Managing Member of this Company shall be:

MANAGING MEMBER
THOMAS PARKER

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

THE BIT, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

THOMAS PARKER

Registered Agent

Thomas Parker

Signature of a member or an authorized representative of a member.

SECRETARY U.S. STATE
TALLAHASSEE, FLORIDA

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(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.)

THOMAS PARKER

Typed or printed name of signee

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