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Florida Department of State
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Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
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LIMITED LIABILITY COMPANY

SAVVY IT SOLUTIONS, LLC

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FROM : Muharemagic

FAX NO. : 561 362-0981

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

In compliance with Chapter 608, F.S.

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ARTICLE I: NAME

The name of the Limited Liability Company is:

SAVVY IT SOLUTIONS, LLC

ARTICLE II: Address

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

6302 VIA PALLADIUM
BOCA RATON FL 33433

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

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

EDIN MUHAREMAGIC
6302 VIA PALLADIUM
BOCA RATON FL 33433

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 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, F.S.

Edin Muharemagic

EDIN MUHAREMAGIC / Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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SAVVY IT SOLUTIONS, LLC

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

EDIN MUHAREMAGIC

6302 VIA PALLADIUM

BOCA RATON FL 33433

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Edin Muharemagic

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.)

EDIN MUHAREMAGIC

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