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*[Handwritten signature]*

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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- ☐ Certificate of Fictitious Name
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of this Company shall be:

SELECT CAREER CHOICES, L.C.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 3959 VAN DYKE ROAD, SUITE 201, LUTZ, FLORIDA 33558.

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

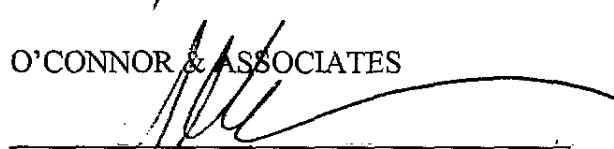
The name and the Florida street address of the registered agent are:

PATRICK M. O'CONNOR, ESQUIRE  
O'CONNOR & ASSOCIATES  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FLORIDA 33764

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, F.S.

O'CONNOR & ASSOCIATES

By:

  
Patrick M. O'Connor, Registered Agent

**ARTICLE IV**  
**MANAGEMENT**

The *Limited Liability Company* is to be managed by one manager or more managers and is, therefore, a manager -managed company.

  
\_\_\_\_\_  
PATRICK M. O'CONNOR

(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.)