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(City/State/Zip/Phone #)

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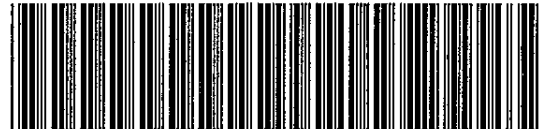
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TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B2B3 Marketing Consultants, L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Lee Cassidy  
(Name of Person)

B2B3 Marketing Consultants, L.L.C.  
(Firm/Company)

6131 NW 44th Lane  
(Address)

Coconut Creek, FL 33073  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas Cassidy at ( 954 ) 428-7867  
(Name of Person) (Area Code & Daytime Telephone Number)

**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:

B2B Marketing Consultants, L.L.C

**ARTICLE II - Address:**

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

**Principal Office Address:**

6131 NW 44th Lane

Coconut Creek FL 33073

**Mailing Address:**

6131 NW 44th Lane

Coconut Creek FL 33073

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Nicholas Lee Cassidy  
Name

6131 NW 44th Lane  
Florida street address (P.O. Box **NOT** acceptable)

Coconut Creek FLORIDA 33073  
City, State, and Zip

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Nicholas Lee Cassidy  
6131 NW 44th Lane  
Coconut Creek, FL 33073

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Nicholas Cassidy  
\_\_\_\_\_  
Typed or printed 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)