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DIVISION OF Corporations

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To:

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Fax Number : (850) 205-0383

From:

Account Name : JOSEPH M. BALOCCO, P.A.  
Account Number : I20000000147  
Phone : (954) 764-0005  
Fax Number : (954) 764-1478

## LIMITED LIABILITY COMPANY

Risky Business, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION  
OF  
RISKY BUSINESS, LLC**

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**ARTICLE I - NAME:**

The name of the Limited Liability Company is: Risky Business, LLC

**ARTICLE II - ADDRESS:**

The mailing address and the street address of the principal office of the Limited Liability Company is 15210 Amberly Drive, Apt 634, Tampa, FL 33647.

**ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT:**

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

<u>Name</u>	<u>Address</u>
Robert Hayes Arrington	15210 Amberly Drive, Apt 634, Tampa, FL 33647
Eric Raeder Olsen	4466 Watt Avenue, Spring Hill, FL 34608

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

**ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

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IN WITNESS WHEREOF, I have signed these Articles of Organization and 5  
acknowledged them to be my act this 6th day of April, 2005.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDARobert Arrington

Signature of a member or an authorized  
representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are  
true.)

Robert Hayes Arrington

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Risky Business, LLC
2. The name and the Florida street address of the registered agent are:

Robert Hayes ArringtonName15210 Amberly Drive, Apt 634Florida Street Address (P.O. Box NOT acceptable)  
Tampa, FL33647City, State and Zip Code

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.

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Robert Arrington  
Signature

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