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Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 : (813)229-7600 Phone Fax Number : (813)229-1660

LIMITED LIABILITY COMPANY

LBNT Consulting, LLC Certificate of Status Certified Copy 0 Page Count 102- (Estimated Charge \$130.00 Name Availabili 🗗 Document Filipe Manu. Public Access Help Composate Filling DCC Examiner CC Updater Hadater Jerliye**r** DCC

ARTICLES OF ORGANIZATION LBNT CONSULTING, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is LBNT Consulting, LLC.

ARTICLE II - Address:

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

6522 Gunn Highway Tampa, Florida 33625

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 17th day of June, 2005.

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.)

Paul R. Lynch
Typed or printed name of signee

FILED

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SECRETARY OF STATE

SECRETARY OF STATE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 LBNT Consulting, LLC.
- 2. The name and the Florida street address of the registered agent are:

Delton Cunningham 6522 Gunn Highway Tampa, Florida 33625

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.

Signature

SECRETARY OF STATE