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Division of Corporations

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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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LIMITED LIABILITY COMPANY
RELOCATION NETWORKING SOLUTIONS, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION
FOR
RELOCATION NETWORKING SOLUTIONS, LLC

ARTICLE I

NAME: The name of the Limited Liability Company is:
RELOCATION NETWORKING SOLUTIONS, LLC

ARTICLE II

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

1547 Bullbush Way
Oviedo, Florida 32765

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S

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

Roberta Roskowski
1547 Bullbush Way
Oviedo, Florida 32765

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.

Roberta Roskowski
Registered Agent's Signature

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FLORIDA

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ARTICLE IV

MANAGER(S) OR MANAGING MEMBER(S):

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

Roberta Roskowski, Mgrm.
1547 Bullbush Way
Oviedo, Florida 32765

Roberta Roskowski

Roberta Roskowski, MGRM.

(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.)

Roberta Roskowski, MGRM.

Printed name of Signee

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