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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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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**  
**RELOCATION NETWORKING SOLUTIONS, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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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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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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