

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000111629  
FILED 8:00 AM  
November 18, 2005  
Sec. Of State  
Irrivers

**Article I**

The name of the Limited Liability Company is:  
COMPLETE PLAN, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
P.O. BOX 144315  
CORAL GABLES, FL. 33114

The mailing address of the Limited Liability Company is:  
P.O. BOX 144315  
CORAL GABLES, FL. 33114

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
BRYAN W DEMPSEY  
3036 CENTER STREET  
MIAMI, FL. 33114

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.

Registered Agent Signature: BRYAN WASMER DEMPSEY

**Article V**

The effective date for this Limited Liability Company shall be:  
11/18/2005

Signature of member or an authorized representative of a member  
Signature: BRYAN WASMER DEMPSEY