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| (Re | questor's Name) | |
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| (Add | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | |
| : Certified Copies | Certificates | s of Status |
| Special Instructions to F | -iling Officer: | |
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SECRETARY OF STATE
DIVISION OF CORPORATION

| COVER | RLETTER |
|---|--|
| TO: Registration Section Division of Corporations | * * |
| SUBJECT: Right Now (Name of Limited | d Liability Company) |
| The enclosed Articles of Organization and fee(s) are so | ubmitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| Elizabeth Farm | Mame of Person) |
| | |
| Right Now L | Firm/Company) |
| 4907 Baysho | OYE BIVOL #102 |
| Tampa, FL (City. | 3361 (State and Zip Code) |
| For further information concerning this matter, please | call: |
| Elizabeth Farmer (Name of Person) | at (813) 777-4816 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee &- Certified Copy (additional copy is enclosed) \$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company is: | |
| Right Now, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or " | |
| (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or " | 'L.C.,'") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabil | ity Company is: |
| Principal Office Address: Mailing Address: | |
| H907 Bayshore Blvd *102 4907 Bayshore 1 Tampa, FL 33611 Tampa, FL 33 | B)vd #102 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.) | or another |
| The name and the Florida street address of the registered agent are: | SE IVIS |
| Elizabeth Farmer | SION (|
| Name | of of C |
| Florida street address (P.O. Box NOT acceptable) | 2000 PM |
| Tampa FL 33611 City, State, and Zip | 3: 39 3: 39 |
| Having been named as registered agent and to accept service of process for the about about liability company at the place designated in this certificate, I hereby accept the appreciated agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am far accept the obligations of my position as registered agent as provided for in Chap | ppointment as provisions of all miliar with and |

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

| <u>Title:</u> "MGR" = Mana "MGRM" = Ma | ager anaging Member | Name and Address: |
|--|--|---|
| Chief E | Executive Officer | Elizabeth Farmer 4907 BAYShore Blvd # Tampa, FL 33611 |
| | | |
| | | |
| | | |
| (Use attachmen | | data of filings (OPTION) |
| LE V: Effective fective date is l | e date, if other than the isted, the date must be | date of filing: (OPTION e specific and cannot be more than five business da |
| LE V: Effective fective date is l days after the | e date, if other than the isted, the date must be date of filing.) | |
| LE V: Effective | e date, if other than the isted, the date must be date of filing.) | |
| LE V: Effective fective date is l days after the | e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a membe (In accordance with sec | r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury |
| LE V: Effective fective date is l days after the | e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a membe (In accordance with sec of this document constitutat the facts stated h | r or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury erein are true.) |
| LE V: Effective fective date is l days after the | e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a membe (In accordance with sec of this document constitute that the facts stated here) Ty | r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury |