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

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**NeWill Consulting & Marketing LLC**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

NEWILL CONSULTING & MARKETING LLC

**ARTICLE II: Address**

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

1812 5TH ST

SARASOTA FLORIDA 34236

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

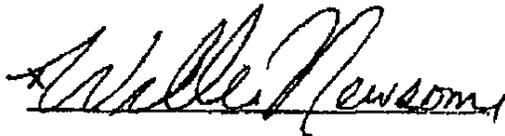
The name and the Florida street address of the registered agent are:

WILLIE NEWSOME

547 E DESOTO ST.

CLERMONT, FLORIDA 34711

Having been named as registered agent 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, F.S.



WILLIE NEWSOME / REGISTERED AGENT'S SIGNATURE

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**NEWILL CONSULTING & MARKETING LLC**

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V: MEMBERS (optional)**

**MANAGING MEMBER:**

**WILLIE NEWSOME**

**1812 5TH ST**

**SARASOTA FLORIDA 34236**

*\* Willie Newsome*

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.)

**WILLIE NEWSOME**

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