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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CEOSAVVY LLC

Certificate of Status	0
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FAX AUDIT #

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**ARTICLES OF ORGANIZATION
OF
CEOSAVVY LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **CEOSAVVY LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
20009 Lomond Lane, Tampa, Florida 33647.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Timothy Roberts, 20009 Lomond Lane,
Tampa, Florida 33647. Located in the County of Tampa.

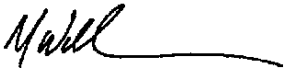
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and
address of the manager of the Limited Liability Company is:

Timothy Roberts, 20009 Lomond Lane, Tampa, Florida 33647



Date: September 5, 2007

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison,
WI 53717
(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **CEOSAVVY LLC**

The name and address of the registered agent and office is Timothy Roberts, 20009 Lomond Lane,
Tampa, Florida 33647. Located in the County of Tampa.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature: _____

Timothy Roberts

Date: _____

9-7-07

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