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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Kaizen Wealth Management, LLC

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FAX AUDIT # 14070002789453

**ARTICLES OF ORGANIZATION
OF
Kaizen Wealth Management, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Kaizen Wealth Management, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 139 NE First Street, Miami, Florida 33132.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Derrick DeMay, 139 NE First Street Penthouse 14, Miami, Florida 33132. Located in the County of Miami-Dade.

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 Members and the name and address of the member of the Limited Liability Company is:

Derrick DeMay, 139 NE First Street, Miami, Florida 33132

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Date: November 7, 2007

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

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

FAX AUDIT # 14070002789453

FAX AUDIT # 4070002789453CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

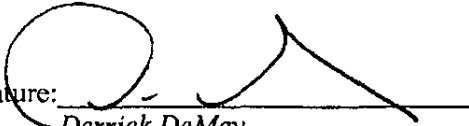
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Kaizen Wealth Management, LLC**

The name and address of the registered agent and office is Derrick DeMay, 139 NE First Street Penthouse 14, Miami, Florida 33132. Located in the County of Miami-Dade.

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: _____


Derrick DeMayDate: Nov. 9th, 2007FAX AUDIT # 4070002789453