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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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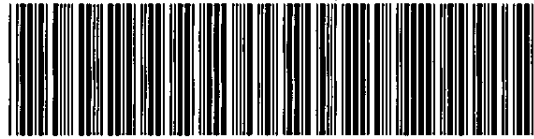
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 NOV 26 PM 3:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 NOV 26 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rose M. Naff
1619 New Legend Ct. - Tallahassee, FL 32312

November 26, 2007

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SUBJECT: Government Policy Solutions, LLC

Dear Registrar:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rose M. Naff
Government Policy Solutions LLC
1619 New Legend Ct.
Tallahassee, FL 32312

For further information concerning this filing, please call me at (850) 566-4182. Enclosed is a check for the filing fee in the amount of \$125.00.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rose M. Naff', with a large, stylized loop at the end.

Rose M. Naff

**ARTICLES OF ORGANIZATION
OF
GOVERNMENT POLICY SOLUTIONS, LLC**

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name

The name of this Limited Liability Company shall be GOVERNMENT POLICY SOLUTIONS, LLC

ARTICLE II

Principal Place of Business and Mailing Address

The principal place of business and mailing address of the Limited Liability Company shall be 1619 New Legend Ct. , Tallahassee, Florida 32312.

ARTICLE III

Management

The Limited Liability Company is to be managed by its managing member. The name and address of the managing member is Rose M. Naff, 1619 New Legend Ct., Tallahassee, Florida 32312

ARTICLE IV

Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Rose M. Naff, and her address is 1619 New Legend Ct., Tallahassee, Florida 32312.

IN WITNESS WHEREOFF, the undersigned, the authorized representative of a member of this Limited liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 26th day of November, 2007.


Rose M. Naff
Managing Member

State of Florida
County of Leon

The foregoing Article of Organization were acknowledge before me this 26th day of November, 2007 by Rose M. Naff

Notary Public

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NOV 26 PM 3:21
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

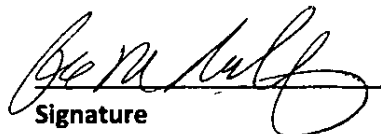
**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/OFFICE**

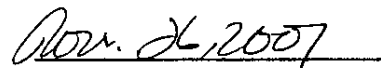
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is Government Policy Solutions, LLC
2. The name and address of the registered agent and office is:

Rose M. Naff
1619 New Legend Ct.
Tallahassee, Florida 323212

HAVING BEEN NAME AS REGISTERED AGENCY 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 OF 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


Date

State of Florida
County of Leon

The foregoing Certificate of Designation of Registered agent/Office was acknowledged before me this 26th day of November, 2008 by Rose M. Naff

Notary Public

FILED
07 NOV 26 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA