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| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| TO: | Registration Division of C | | | | | | |
|---|-------------------------------|---|---|---|--|--|--|
| ·SUBJE | CT: ODS | - Digital Solutions | | | | | |
| (Name of Limited Liability Company) | | | | | | | |
| The end | closed Articles | of Organization and fee(s) are | e submitted for fili | ng. | | | |
| Please | return all corres | pondence concerning this ma | tter to the followin | ıg: | | | |
| Albert Andrew Fannin-Church | | | | | | | |
| | | | (Name of Person) | | - | | |
| Operational Developments Specialists (ODS), LLC | | | | | | | |
| | | | (Firm/Company) | | | | |
| | 1924 SW | Aaron Lane | | | | | |
| | | | (Address) | | | | |
| | Port Sain | t Lucie, Florida 34 | 953 | | | | |
| • | | (C | ity/State and Zip Cod | le) | | | |
| For furt | her information | concerning this matter, pleas | se call: | | | | |
| Albe | rt Andrew | Fannin-Church | at (772 | , 240-856 | 86 . | | |
| | (Nam | e of Person) | (Area Co | de & Daytime Te | lephone Number) | | |
| Enclose | ed is a check f | or the following amount: | | | | | |
| \$125.0 | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Co (additional cor | рру | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrat Division Clifton I 2661 Ex | Courier Address tion Section to of Corporation Building ecutive Center (see, FL 32301 | S | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|--------------------------------------|---------------------|
| The name of the Limited Liability Company | is: | |
| ODS - Digital Solutions, LLC | | |
| (Must end with the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Li | ability Company is: |
| Principal Office Address: | Mailing Address: | |
| 1924 SW Aaron Lane | 906 SW Saint Lucie West Blvd #316 | 3 |
| Port Saint Lucie, Florida 34953 | Port Saint Lucie, Florida 34986 | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registrations) business entity with an active Florida registration.) | | |
| The name and the Florida street address of the | e registered agent are: | O8 HAR SECRE |
| Albert Andrew Fan | nin-Church | AR AR |
| Nan | ne | ASS. |
| 1924 SW Aaron La | ine | PH 2: |
| Florida street a | address (P.O. Box NOT acceptable) | 2:5 |
| Port Saint Lucie, Fl | orida 34953 |) RATE 5 |
| City, State | e, and Zip |) A |

Having been named as registered agent 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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| . <u>Title:</u> | | Name and Address: | |
|---------------------------------------|-----------------------------|--|---------------------|
| "MGR" = Manage "MGRM" = Mana | | | |
| MGRM | | Operational Development Specialists (ODS), | LLC |
| · · · · · · · · · · · · · · · · · · · | _ | Port Saint Lucie, Florida 34953 | |
| | | 1924 SWADON Lane | |
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| (Use attachment i | f necessary) | | |
| ARTICLE V: Effective d | ate. if other than the da | ate of filing: | (OPTIONAL) |
| (If an effective date is list | ed, the date must be s | specific and cannot be more than five b | ousiness days prior |
| to or 90 days after the da | te of filing.) | | |
| DEALIDED SIC | 'NIATHDE. | | 75 88 |
| <u>REQUIRED</u> SIG | MATURE: | | 08 HAR SECRE |
| | () () | | |
| | Signature of a member | or an authorized representative of a member | 6 PH |
| | (In accordance with section | on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury | 7 × 7 |
| | Albert Andrew | | D |
| | Туре | d or printed name of signee | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)