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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : THOMAS M. CLARK, P.A.
Account Number : 072100000445
Phone : (954) 776-3800
Fax Number : (954) 776-3825

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Linda Georglan Psychic Connection, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF
LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: LINDA GEORGIAN PSYCHIC CONNECTION, LLC

ARTICLE II — Address:

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

Principal Office:

Mailing Address:

50 COMPASS LANE
FORT LAUDERDALE, FLORIDA 33308

50 COMPASS LANE
FORT LAUDERDALE, FL 33308

ARTICLE III — Manager(s) or Managing Member(s)

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

ANDREW J. DIBATTISTA
50 COMPASS LANE
FORT LAUDERDALE, FLORIDA 33308

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to
be my act this 17th day of April, 2008.

ANDREW J. DIBATTISTA

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO
DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

1. The name of the Limited Liability Company is:

LINDA GEORGIAN PSYCHIC CONNECTION, LLC

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

THOMAS M. CLARK, PA
2400 E. COMMERCIAL BLVD.
SUITE 820
FORT LAUDERDALE, FLORIDA 33308

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.

THOMAS M. CLARK, PA

BY: _____

Thomas M. Clark, President

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