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| PICK-UP WAIT MAIL | |
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| Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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B. KOHR

MAY 2 7 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassec, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Humanitarian Resources, L | C |
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| | LTD Partnership File |
| | Foreign Corp. File |
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| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Art. of Amend. File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Amual Report / Reinstatement |
| | Cert. Copy |
| | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| Signature | Fictitious Owner Search |
| 5.g.ma. 5 | Vehicle Search |
| | Driving Record |
| Requested by: | UCC 1 or 3 File |
| Name $\frac{1}{1}$ Date $\frac{30}{1}$ | UCC 11 Search |
| Name Date Time | UCC 11 Retrieval |
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ARTICLES OF ORGANIZATION FOR

HUMANITARIAN RESOURCES, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is HUMANITARIAN RESOURCES, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 138-107th Avenue, Suite 334, Treasure Island, FL 33706.

ARTICLE III: MANAGEMENT

The company will be a manager managed Limited Liability Company.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is John R. Kiefner, Jr, Esq., c/o Kiefner Law Offices, P.A., 146 - 2nd St. No., Suite 300, St. Petersburg, FL 33701.

ARTICLE V: MANAGERS

The name and address of the initial Manager of the company is:

Alyn Towne, Manager, 138-107th Avenue, Suite 334, Treasure Island, FL 33706

The undersigned has executed these Articles of Organization this 27th day of May 2008.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

| 1. The name of the company is: Humanitarian Resources, LLC |
|---|
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| |
| 2. The name and address of the registered agent and office is: |
| Table 8 Kingshore Tr. E. C. |
| John R. Kiefner Jr, Esq. Clo Kiefner Law Offices, RA- 144-2nd St No. Swite 300 |
| CHEC-CON ST. NO. SUITE SCO. |
| St. Petershurg FL 33701 |
| |
| |
| 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 BIRTIER ACREE TO COMMANDER THE PROMOTER 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. |
| |