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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Edgeify Marketing & Consulting LLC

Certificate of Status	1
Certified Copy	0
Page Count	3
Estimated Charge	\$130.00

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CITYREACH INTERNATIONAL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Edgeify Marketing Consulting, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3843 Creekwood Circle

Weston, FL 33331

Mailing Address:

3843 Creekwood Circle

Weston, FL 33331

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporate Creations Network, Inc

Name

11380 Prosperity Farms Road #221E

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens, FL 33410

City, State, and Zip

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)

Jim Perkins, Vice President

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Neal Bush

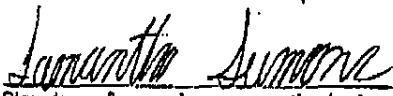
3843 Crestwood Circle

Weston, FL 33331

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days for to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


 Signature of a member or an authorized representative of a member.
Samantha Simons, Attorney-in-Fact
 (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Neal L. Bush

Typed or printed name of signer

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)

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