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To:

Division of Corporations

fax Number

: (850)617-6383

From:

: HARPER, KYNES & GELLER, P.A. Account Name

Account Number : 070651000745

Phone

(727) 799-4840

Fax Number

(727)797 - 8206

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Valuation & Forensic Partners, LLC

Certificate of Status	0
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06/17/2008

HARPER KYNES GELLER PA → 18506176383

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: Valuation & Forensic Partners, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 2105 Drew Street, Suite 200, Clearwater, Florida 33765.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Odalys Z. Lara 2105 Drew Street, Suite 200 Clearwater, PL 33765

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 withand accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

ARTICLE V - MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

Name and Address:

Manager

Odalys Z. Lara 2105 Drew Street, Suite 200 Clearwater, FL 33765

Manager

Brandi L. Ruffalo 2105 Drew Street, Suite 200 Clearwater, FL 33765

NO.530

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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.

Odalys Z. Lara
Typed or printed name of signee

2000 JUN 17 AM 8: 2. SECRETARY OF STATE TALLAHASSEE FLORIC

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