

**L08000067169**

## Florida Department of State

Division of Corporations

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## To:

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

## From:

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (866) 223-0765

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****LEADZCORP, LLC**

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**T. HAMPTON**

JUL 14 2008

**EXAMINER**

**ARTICLES OF ORGANIZATION**

**OF**

**LEADZCORP, LLC**

**ARTICLE I:** The name of the Limited Liability Company is:

LEADZCORP, LLC

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

Principal Office Address:

934 N. University Dr. #158  
Coral Springs, FL 33071

Mailing Address:

934 N. University Dr. #158  
Coral Springs, FL 33071

**ARTICLE III:** The name and street address of the registered agent is:

Slash Fusion, LLC  
6574 N. State Road 7 #264  
Coconut Creek, FL 33073

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S.

Slash Fusion, LLC

By David Refaeli  
Its: Managing Member

**ARTICLE IV:** The name and address of each Manager is as follows:

Title:

Manager

Name and Address:

David Refaeli  
Slash Fusion, LLC  
6574 N. State Road 7 #264  
Coconut Creek, FL 33073

Manager

Jeffrey Freedman  
LocalDM, LLC  
3 Rye Ridge Plaza - Suite 114  
Rye Brook, NY 10573

David Refaeli

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