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## To:

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

## From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ECONOMIC EMPOWERMENT SYSTEMS, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

ECONOMIC EMPOWERMENT SYSTEMS, LLC

**ARTICLE II ADDRESS**

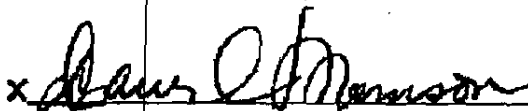
The mailing address and street address of the principal office of the Limited Liability Company is:

7563 GROVE OAK DRIVE  
ORLANDO, FLORIDA 32810**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

DAVID MORRISON  
7563 GROVE OAK DRIVE  
ORLANDO, FLORIDA 32810

Having been named as registered agent 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.



DAVID MORRISON / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
DAVID MORRISON  
7563 GROVE OAK DRIVE  
ORLANDO, FLORIDA 32810

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x 

Signature of a member or an authorized representative of a member  
(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.

DAVID MORRISON