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Florida Department of State
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To:

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

From: GAIL S ANDRE

Account Name : LOWMEDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MY CLOUDS, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
MY CLOUDS, LLC**

ARTICLE I - NAME

The name of this limited liability company is MY CLOUDS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 736 Mulberry Avenue, Celebration, Florida 34747.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 736 Mulberry Avenue, Celebration, Florida 34747, and the name of the initial registered agent of the Company at that address is Noel Goldman.

ARTICLE IV - MANAGEMENT

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



Signature of a Member or an Authorized
Representative of a Member

Jeff Hulson

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



Noel Goldman

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