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DRIDA/FOREIGN LIMITED LIABILITY CO.

John D. Rich, PLLC

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SEP 2 2 2008

EXAMINER 9/19/2008

FAX AUDIT # 16800 2187783

ARTICLES OF ORGANIZATION OF John D. Rich, PLLC

ARTICLE I

NAME

The name of the limited liability company shall be: John D. Rich, PLLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 9180 Oakhurst Road Suite 5, Seminole, Florida 33776.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: John Rich, 9180 Oakhurst Road Suite 4, Seminole, Florida 33776. Located in the County of Pinellas.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

John Rich, 9180 Oakhurst Road Suite 5, Seminole, Florida 33776

ARTICLE VI PURPOSE

The purpose for which the limited liability company is organized is: Law Firm

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: September 15, 2008

WI 53717

(608) 827-5300

FAX AUDIT# HOSWODIR7783

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: John D. Rich, PLLC

The name and address of the registered agent and office is John Rich, 9180 Oakhurst Road Suite 4, Seminole, Florida 33776. Located in the County of Pinellas.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Date:

FAX AUDIT# HN8/M2187783