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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number: 120070000160 Phone (800) 494-3124

Fax Number

: (561)455-9885

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ORIDA/FOREIGN LIMITED LIABILITY CO.

TIMOTHY JOHN, LLC

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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: TIMOTHY JOHN, LLC

ARTICLE II ADDRESS

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

1400 VILLAGE SQUARE BLVD SUITE 3-187 TALLAHASSEE, FLORIDA 32312

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

TIMOTHY JOHN 8093 MARIGOLD LANE TALLAHASSEE, FLORIDA 32317

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 complywith 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..

TIMOTHY GOTIN / Registered Agent's signature

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TIMOTHY JOHN, LLC

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:

TIMOTHY JOHN 1400 VILLAGE SQUARE BLVD SUITE 3-187 TALLAHASSEE, FLORIDA 32312 08 OCT 31 M 9:55
SECRETARY OF STATE
SECRETARY OF STATE

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.

TIMOTHY JOHN