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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696 2009 JAN 14 AM 8: 20
SECRETARY OF STATE

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### the fundraising group, llc

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Fundraising Group, LLC

#### ARTICLE I

The name of this Limited Liability Company is:

The Fundraising Group, LLC

#### ARTICLE II

This Limited Liability Company shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

### ARTICLE III

The mailing address and principal place of business of this Limited Liability Company is: 8480 S.W. 106th Street, Miami, FL 33156

#### ARTICLE IV

The general nature of business of this Limited Liability Company is to transact any and all lawful business.

#### **ARTICLE V**

The name and street address of the initial Registered Agent of this Limited Liability Company shall be:

Marta Castellanos 8480 S.W. 106<sup>th</sup> Street Miami, FL 33156

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## **ARTICLE VI**

The name and address of each Manager or Managing Member is as follows:

Marta Castellanos
 Managing Member

8480 S.W. 106th Street Miami, FL 3B156

(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.)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

The Fundraising Group, LLC

2009 JAN 14 AM 8: 20 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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 FELATING 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..

Signature:

Smarta Castallano

REGISTEREO AGENT NAME:

ADDRESS: CITY OF: MIAMI MARTA CASTELLANOS 8480 S.W., 106<sup>th</sup> STREET

COUNTY OF:

MIAME-DADE STA

STATE OF:

FLORIDA

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