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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

EFFECTIVE DATE 3/01/09



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SECRETARY OF STATE
ANALYSES

D. BRUCE

JAN 29 2009

EXAMINER

COVER LETTER

| TO: | Registration Division of C | | | | { * : | | | |
|----------|-------------------------------|---|---|---|--|----------------|--------|---|
| SUBJE | .cт: <u>- Р</u> | Coclaim National (Name of Limite | tional d Liability Compa | LL any) | | | | |
| The end | closed Articles | of Organization and fee(s) are s | ubmitted for filing | 3 . | | | | |
| Please | return all corres | spondence concerning this matte | r to the following | ; | | | | |
| | | Marc C | SOWNOV | | | | | |
| | Pr | oclaim Nort | iona / | 4 | C 1 | • | | |
| | 6 | 935 Ashto | Firm/Company) N SHE | et | | | | |
| | • | unton Beach | (Address) | 224 | 42 - Z | 7 | _ | |
| - | DI | (City. | /State and Zip Code | | / 3 | SECRET | NAL PO | |
| For furt | her information | n concerning this matter, please | | | ;;; | ARY OF | 28 P# | |
| | Varc | Crownover | at (321 | 505 | lephone Number) | F S I | PH 12: | Ţ |
| | (14th) | ic of reison) | (Alca Cou | e & Daytime Tel | repriorie regimeer) | 공 증 근 | ဍ | |
| Enclos | ed is a check : | for the following amount: | | | ; | > | | |
| \$125.0 | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Cop (additional copy | py | \$160.00 Filir Certificate o Certified Co (additional cop | f Status py | | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati Division Clifton B 2661 Exe | ourier Address on Section of Corporation duilding ecutive Center (see, FL 32301 | s ; | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name | :: |
|------------------|----|
|------------------|----|

The name of the Limited Liability Company is:

Proclaim National LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

| 6935 Achton St. Same | 1 | - | |
|--|------------------|------|---|
| 33437 | | - | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an inbusiness entity with an active Florida registration.) | | | |
| The name and the Florida street address of the registered agent are: | CRETA | JAN | 7 |
| Marc Crownover | SSEE. | 28 P | |
| 6935 Ashton St | FLORI | 12:3 | O |
| Florida street address (P.O. Box NOT acceptable) Beach FL 33437 | int A mi. | - | |
| City, State, and Zip | 1. | | |

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, F.S.

Registered Agent' alignature (REQUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 3/1/09

ARTICLE IV- Manager(s) or Managing Member(s):

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|--|
| MGR | Marc Crownôver 6935 Ashton Street Boynton Beach, FL 33437 |
| | - 3.7Ma |
| | . . |
| | |
| | |
| (Use attachment if necessary) | M / 15F2000 |
| ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) | e date of filing: March 15 2009 (OPTIONAL) De specific and cannot be more than five business days p |
| REQUIRED SIGNATURE: | Av. o |
| Signature of a memb | er or an authorized representative of a member. |
| (In accordance with se | ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Marc Crownover

Typed or printed name of signee