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Florida Department of State
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To:

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

From:

Account Name : FASTKIT CORPORATE OUTFITS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.**ZORAD CONSULTATIVE SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
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APR 8 2009

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -- Name:

The name of the Limited Liability Company is:

Zorud Consultative Services, LLC

ARTICLE II -- Address:

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

Principal Office Address:

8359 Laurel Lakes Blvd.
Naples, FL 34119

Mailing Address:

8359 Laurel Lakes Blvd
Naples, FL 34119

ARTICLE III -- Registered Agent, Registered Office, & Registered Agent's Signature:

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

Dr. Rozalyn P. Wright
8359 Laurel Lakes Blvd.
Naples, FL 34119

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, FRS.


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Dr. Rozalynne P. Wright
8359 Laurel Lakes Blvd.
Naples, FL 34119

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Dr. Rozalynne P. Wright
Typed or printed name of signee

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