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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Absence, LLC

Certificate of Status	0
Certified Copy	0
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C. LEWIS
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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

ABSENCE, LLC

ARTICLE II ADDRESS

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

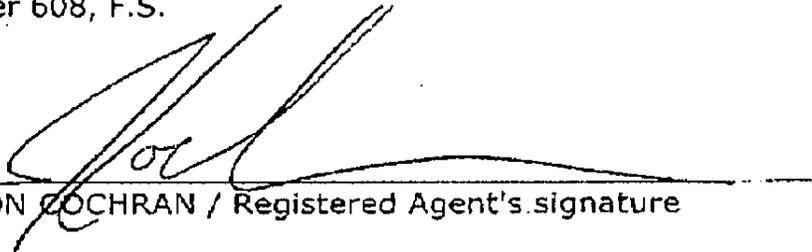
1900 N BAYSHORE DR #3001
MIAMI, FLORIDA 33132

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

JASON COCHRAN
1900 N BAYSHIRE DRIVE #3001
MIAMI, FLORIDA 33132

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 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.

X 
JASON COCHRAN / Registered Agent's signature

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PAGE 2

ABSENCE, LLC

ARTICLE IV MANAGEMENT

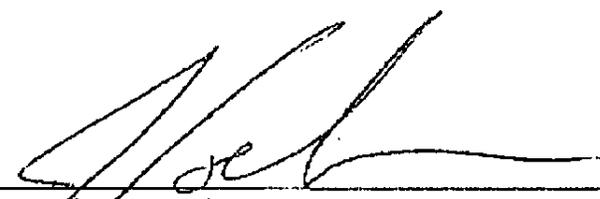
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
JASON COCHRAN
1900 N BAYSHIRE DRIVE #3001
MIAMI, FLORIDA 33132

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X. 

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.

JASON COCHRAN