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PAGE 1 OF 3

Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Defining Touch LLC

Certificate of Status	1
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PAGE 2 OF 3

**ARTICLES OF ORGANIZATION
FOR****FLORIDA LIMITED LIABILITY COMPANY**

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ARTICLE I - NameThe name of the Limited Liability Company is: **Defining Touch LLC****ARTICLE II - Address**

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

Principal Office Address:**Mailing Address:**12312 Dewhurst Circle12312 Dewhurst CircleJacksonville, FL 32218Jacksonville, FL 32218**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Mrs. Hazel Gillis

Name

675 Cherry Bark Drive North

(P.O. Box or Mail Drop Box NOT Acceptable)

Jacksonville, FL 32218

(City / State / Zip)

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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.

Mrs. Hazel Gillis

Registered Agent's Signature - Mrs. Hazel Gillis

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PAGE 3 OF 3

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

MGRAdimika Allen - P.O. Box 7334, Jacksonville, FL 32236

(Use attachment if necessary)

REQUIRED SIGNATURE:
Signature of a member or 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.)

Adimika Allen

Typed or printed name of signer

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