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To:  
Division of Corporations  
Fax Number : (850) 617-6333

From:  
Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9385

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DenariPay LLC

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

DENARIPAY LLC

**ARTICLE II ADDRESS**

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

4391 120TH AVENUE N

ROYAL PALM BEACH, FL 33411

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

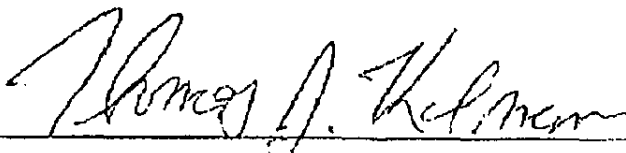
The name and the Florida street address of the registered agent are:

THOMAS J KAUFMAN

4391 120TH AVENUE N

ROYAL PALM BEACH, FL 33411

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 

THOMAS J KAUFMAN / Registered Agent's signature

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DENARIPAY 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:

THOMAS J KAUFMAN

4391 120TH AVENUE N

ROYAL PALM BEACH, FL 33411

\*\*\*\*\*

x 

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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.

THOMAS J KAUFMAN

Typed or printed name of signee