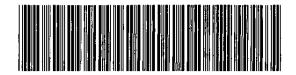
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SECRETARY OF STATE

J. BRYAN
OCT -2 2009
EXAMINER

COVER LETTER

TO:	Registration Division of C				
SUBJE	ECT:	Every	hingbarexam.	.com	
		Name of Limit	Liability Company		
The en	closed Articles	of Organization and fee(s) are	ibmitted for filing.		
Please	return all corres	pondence concerning this matt	r to the following:		
			Marc Pacin		
			Name of Person	•	,a
			Firm/Company		
		601 N.E.	6th Street, Apt.	906	
			Address		ECRI LLA
			mi, FL 33137		HAS A
			State and Zip Code		23.33 4.00
-		E-mail address: (to be used	erythingbarexan	n.com notification)	OF STA
For fur	ther information	n concerning this matter, please	call:		STATE
		arc Pacin	at (305)_	496-2	
	Name	e of Person	Area Code &	Daytime Telephone l	Number
Enclos	sed is a check t	for the following amount:			
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing F Certified Copy (additional copy is	Cert	0.00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company is:	
(Must end wit	verythingbarexam.com, LLC h the words "Limited Liability Company," "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and st	reet address of the principal office of the Lim	ited Liability Company is:
Principal Office Address	Mailing Address:	
601 N.E. 36th Street #906 Miami, FL 33137	601 N.E. 36th Street #906 Miami, FL 33137	
(The Limited Liability Company ca business entity with an active Flor	ed Agent, Registered Office, & Registered Amnot serve as its own Registered Agent. You must designate rida registration.) street address of the registered agent are:	an individual or another
	Marc Pacin	99 OCT
FI	Name 601 N.E. 36th Street, Apt. 906 orida street address (P.O. Box NOT acceptable) Miami 33137 FL City, State, and Zip	TARY OF STATE ASSEE, FLORIDA
liability company at the registered agent and agree statutes relating to the praccept the obligations	gistered agent and to accept service of process place designated in this certificate, I hereby act to act in this capacity. I further agree to comproper and complete performance of my duties, a formation as registered agent as provided in the process of my position as registered agent as provided in the process of the p	ccept the appointment as ply with the provisions of all and I am familiar with and

(CONTINUED)

Page 1 of 2

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORIVI – Managing Member	
MGRM	Marc Pacin
	601 N.E. 36th Street, Apt. 906
	Miami, FL 33137
MGR	Allison Persutti
	601 N.E. 36th Street, Apt. 906
	Miami, FL 33137
	, in the second
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(Use attachment if necessary)	ORI
`	OR OPPOS
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	the date of filing: (OPTION to be specific and cannot be more than five business of
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of this document contact that the facts stated	the date of filing:

EXHIBIT A

TO

Articles of Organization

OF

Everythingbarexam.com, LLC

A Florida Limited Liability Company

Members Interests

Marc Pacin 85%

Alison Persuitti 15%

09 OCT - I AM II: I