P.01/03

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Account Name

: BUSINESS FILINGS

Account Number : 105256001620

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: (608)827-5300

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Ainitgreat LLC

Certificate of Status	0
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FAX AUDIT # HO90002368393

ARTICLES OF ORGANIZATION OF Ainitgreat LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Ainitgreat LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 122 Dew Drop Ln., Casselberry, Florida 32707.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Anthony Daniels, 122 Dew Drop Ln., Casselberry, Florida 32707. Located in the County of Seminole.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Anthony Daniels, 122 Dew Drop Ln., Casselberry, Florida 32707

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: October 27, 2009

WI 53717

(608) 827-5300

FAX AUDIT# H090002368393

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Ainitgreat LLC

The name and address of the registered agent and office is Anthony Daniels, 122 Dew Drop Ln., Casselberry, Florida 32707. Located in the County of Seminole.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: 4

Atthony Daniels

Date: /////07

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SECRETARY OF STATE
ALLAHASSEE, FIORIN,

FAX AUDIT # H090002368373