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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SureLyBusiness LLC

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # <u>H090002447623</u>

ARTICLES OF ORGANIZATION OF SureLyBusiness LLC

ARTICLE I

NAME

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

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 977 Golf Street, Rockledge, Florida 32955.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Sharon Beers, 977 Golf Street, Rockledge, Florida 32955. Located in the County of Brevard.

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 Managers and the name and address of the manager of the Limited Liability Company is:

Sharon Beers, 977 Golf Street, Rockledge, Florida 32955

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

Date: November 6, 2009

(608) 827-5300

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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: SureLyBusiness LLC

H090002447623

The name and address of the registered agent and office is Sharon Beers, 977 Golf Street, Rockledge, Florida 32955. Located in the County of Brevard.

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: MUWN

FAX AUDIT #

Sharon Beers

Date:

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