Division of Corporations **Electronic Filing Cover Sheet**

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To:

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: CSH SERVICES, LLC Account Name

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FLORIDA LIMITED LIABILITY CO.

Tax Deed Seminars, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
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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:

TAX DEED SEMINARS, LLC

ARTICLE II ADDRESS

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

4613 UNIVERSITY DRIVE #375 CORAL SPRINGS, FLORIDA 33067

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

PETER PALMER 934 UNIVERSITY DRIVE #149 CORAL SPRINGS, FLORIDA 33071

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.

PETER PALMER / Registered Agent's signature

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PAGE 2 TAX DEED SEMINARS, 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
PETER PALMER
934 UNIVERSITY DRIVE #149
CORAL SPRINGS, FLORIDA 33071

2018 AUG 30 AM II: 15

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.

PETER PALMER

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