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Florida Department of State

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FLORIDA LIMITED LIABILITY CO. BTR Consulting LLC

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- . . FAX AUDIT # 410000 1950203

ARTICLES OF ORGANIZATION **OF** BTR Consulting LLC

ARTICLE I

NAME

The name of the limited liability company shall be: BTR Consulting LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 12416 Stillwater Terrace Dr., Tampa, Florida 33618.

INITIAL REGISTERED AGENT & STREET ADDRESS ARTICLE III

The name and address of the initial registered agent is: Jeff DiMarco, 12416 Stillwater Terrace Dr., Tampa, Florida 33618. Located in the County of Hillsborough.

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:

Jeff DiMarco, 12416 Stillwater Terrace Dr., Tampa, Florida 33618

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: August 17, 2010

608-827-5300

FAX AUDIT # 4100001956203

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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: BTR Consulting LLC

The name and address of the registered agent and office is Jeff DiMarco, 12416 Stillwater Terrace Dr., Tampa, Florida 33618. Located in the County of Hillsborough.

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:

Data

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