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### FLORIDA LIMITED LIABILITY CO.

Danecek Consulting LLC

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### FAX AUDIT # 4/0000 2615553

# ARTICLES OF ORGANIZATION OF Danecek Consulting LLC

**ARTICLE I** 

NAME

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

**ARTICLE II** 

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1834 NW 94th Avenue, Plantation, Florida 33322.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

SECRIPE, Avenue,

The name and address of the initial registered agent is: Daniel Morgan, 1834 NW 94th Avenue, Plantation, Florida 33322. Located in the County of Broward.

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:

Daniel Morgan, 1834 NW 94th Avenue, Plantation, Florida 33322

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: November 22, 2010

WI 53717 608-827-5300

FAX AUDIT # HICCORD 115583

MATERIAL STATES

#### FAX AUDIT # 4/00003615553

## 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: Danecek Consulting LLC

The name and address of the registered agent and office is Daniel Morgan, 1834 NW 94th Avenue, Plantation, Florida 33322. Located in the County of Broward.

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:

Date

ate: //-2

SECRI**O**ARY I

FAX AUDIT # + 10000 2615553