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SECRETARY OF STATE CORPORATIONS

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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF ORGANIZATION FOR



Cherkley Management Group, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is Cherkley Management Group, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 87 Cunningham Drive, New Smyrna Beach, FL 32169

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Michael P. Olivari, Kaney & Olivari, P.L., 55 Seton Trail, Ormond Beach, FL 32176

ARTICLE IV: MANAGING MEMBERS & MANAGERS

The name and address of the initial Managing Member and Manager of the company is:

William Taylor, Managing Member, 87 Cunningham Drive, New Smyrna Beach, FL 32169

The undersigned has executed these Articles of Organization this 25th day of January 2011. "Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

- 1. The name of the company is: Cherkley Management Group, LLC
- 2. The name and address of the registered agent and office is:

Michael P. Olivari

Kaney & Olivari, P.L.

55 Seton Trail

Ormond Beach, Fl 32176

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.