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| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TO ACKNOWLEDGE SUFFICIENCY OF FILING 2011 APR -8 PH 12: 43

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SECRETARY OF STATE OF CORPORALIONS

7/204

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 KNOWMENONE, LLC Art of Inc. File_____ LTD Partnership File_____ Foreign Corp. File_____ L.C. File_____ Fictitious Name File_____ Trade/Service Mark_____ Merger File_____ Art. of Amend. File_____ RA Resignation____ Dissolution / Withdrawal____ Annual Report / Reinstatement____ Cert. Copy___ Photo Copy_____ Certificate of Good Standing_____ Certificate of Status_ Certificate of Fictitious Name_____ Corp Record Search____ Officer Search____ Fictitious Search_____ Fictitious Owner Search_____ Signature Vehicle Search___ Driving Record_____ UCC 1 or 3 File_____ Requested by: SETH 04/08/11 11:00 UCC 11 Search___

Name

Walk-In

Date

Will Pick Up

Time

UCC 11 Retrieval____

Courier_

EFFECTIVE DATE_

ELECTRONIC ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is: KNOWMENOME, LLC

ARTICLE II

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

500 North Westshore Blvd, Suite 1015 Tampa, FL 33609

The mailing address of the Limited Liability Company is:

500 North Westshore Blvd. Suite 1015 Tampa, FL 33609

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

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

Kendall A. Almerico 500 North Westshore Blvd. Suite 1015 Tampa, FL 33609

Having been named as registered agent and 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.

Registered Agent

ARTICLE V

The name and address of the managers are:

Title: Managers

Danny Moskowitz 500 North Westshore Blvd., Suite 1015 Tampa, FL 33609

Kendall Almerico 500 North Westshore Blvd., Suite 1015 Tampa, FL 33609

ARTICLE VI

The effective date for this Limited Liability Company shall be:

April 7, 2011

Signature of member or an authorized representative of a member:

Kendall A. Almerico

Registered Agent