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Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.
BIT-PAY LLC**

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EXAMINER

FAX AUDIT # H11000142789 3

**ARTICLES OF ORGANIZATION
OF
BIT-PAY LLC**

ARTICLE I NAME

The name of the limited liability company shall be: BIT-PAY LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 411 E Amelia St, Orlando, Florida 32803.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.


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 managing members and the names and addresses of the members of the Limited Liability Company are:

Anthony Gallippi, 411 E Amelia St, Orlando, Florida 32803
Stephen Pair, 3135 Foxhall Overlook, Roswell, Georgia 30075



Date: May 31, 2011

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

608-827-5300

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FAX AUDIT # H11000142789 3

**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: BIT-PAY LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

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: _____

Mark Williams, A.V.P. *Business Filings Incorporated*

Date: *May 31, 2011*

FAX AUDIT # H11000142789 3