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CAPITAL CONNECTION, INC.

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 Red Liquid Social Solutions, LLC	The state of the s
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ARTICLES OF ORGANIZATION FOR

Red Liquid Social Solutions, 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 Red Liquid Social Solutions, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 214 West University Avenue, Gainesville, Florida 32601

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Steven Miles Kinsell, 214 West University Avenue, Gainesville, Florida 32601

ARTICLE IV: MANAGING MEMBERS

The name and address of the initial Managing Members of the company are:

Kimberly E. Kinsell, Managing Member, 6601 SW 35th Way, Gainesville, Florida 32608

Thomas H. Wurzbach, III., Managing Member, 320 SW 41st Street, Gainesville, Florida 32607

The undersigned has executed these Articles of Organization this 20th day of September 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 508.415, 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: Red Liquid Social Solutions, LLC
- 2. The name and address of the registered agent and office is:

Steven Miles Kinsell
214 West University Avenue
Gainesville, FL 32601

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 FOSITION AS REGISTERED AGENT.