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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : HUBCO
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Phone : (516) 935-3940
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
It Is In The Bag LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK
OCT 17 2011
EXAMINER

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **It Is In The Bag LLC**

ARTICLE II - Address

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

Principal Office Address:

6419 W. Newberry Road, Suite H-10

Gainesville, FL 32605

Mailing Address:

6419 W. Newberry Road, Suite H-10

Gainesville, FL 32605

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Eyal Amar

Name

1500 Apalachee Parkway

(P.O. Box or Mail Drop Box NOT Acceptable)

Tallahassee, FL 32301

(City / State / Zip)

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 as provided for in Chapter 608, F.S.


Registered Agent's Signature - Eyal Amar

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TALLAHASSEE, FLORIDA

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Eyal Amar - 1500 Apalachee Parkway, Tallahassee, FL 32301

MGR

Mark Leppin - 4097 Helena Road, Suite A, Helena, AL 35080

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Eyal Amar

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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