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Division of Corporations

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Account Name : BUSINESS FILINGS  
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Email Address: lmurph1123@aol.com

FLORIDA LIMITED LIABILITY CO.  
AMIPAD PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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G. MCLEOD

OCT 28 2011

EXAMINER

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**ARTICLES OF ORGANIZATION  
OF  
AMIPAID PARTNERS LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: AMIPAID PARTNERS LLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
23850 Via Italia Circle Florencia Tower, Apt 1403, Bonita Springs, Florida 34134.

**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  
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 managers and the names and  
addresses of the managers of the Limited Liability Company are:

CGW Partners LLC, 23850 Via Italia Circle Florencia Tower, Apt 1403, Bonita Springs, Florida  
34134

LMI Partners LLC, 23850 Via Italia Circle Florencia Tower, Apt 1403, Bonita Springs, Florida  
34134

UX Innovation LLC, 23850 Via Italia Circle Florencia Tower, Apt 1403, Bonita Springs, Florida  
34134

  
Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative

Date: October 27, 2011

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
608-827-5300

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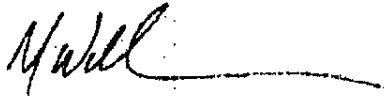
**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

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: AMIPAID PARTNERS 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: *October 27, 2011*

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