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| (Cil | ty/State/Zip/Phone | e #) |
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| Special Instructions to | Filing Officer: | |
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SHUKAT ARROW HAFER WEBER & HERBSMAN, L.L.P.

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*ALSO MEMBER CALIFORNIA BAR + OF COUNSEL

WRITER'S E-MAIL:
jason@musiclaw.com

February 10, 2012

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: VGM Consulting LLC

To Whom It May Concern:

Please find enclosed a cover letter and signed Articles of Organization for VGM Consulting LLC, together with a check for one hundred sixty (\$160) dollars, for the filing fee, certificate of status and certified copy of the articles. Please return all documents to my attention via Federal Express standard service, account number 1009-2420-0 (Shukat Arrow Hafer & Weber).

Please do not hesitate to contact me directly if you need additional information before you can process this request.

Thank you.

Jason A. Finestone

Sincerely,

Enclosures

Cc: Jonas E. Herbsman

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: VGM Consulting LLC |
| Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jason A. Finestone, Esq. |
| Name of Person |
| Shukat Arrow Hafer Weber & Herbsman, LLP |
| Firm/Company |
| 111 West 57th Street, Suite 1120 |
| Address |
| New York, NY 10019 |
| City/State and Zip Code |
| jason@musiclaw.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jason Finestone at (212) 245-4580 Name of Person Area Code & Daytime Telephone Number |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$Certified Copy (additional copy is enclosed) |
| Mailing Address Street/Courier Address |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

12 FEB | 3 PH 5: 28
SECRETARY OF STATE
TALL AND SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - The name of the | Name: ne Limited Liability Company is: |
|-----------------------------|---|
| VGM Cor | nsulting LLC |
| *** | (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| ADDICEE | A 3.7 |

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|-------------------------|
| 12748 NW 13th Manor | 12748 NW 13th Manor |
| Coral Springs, FL 33071 | Coral Springs, FL 33071 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| Michael Mitnick | |
|-----------------|--|
| | Name |
| 12748 NW | 13th Manor |
| Florid | a street address (P.O. Box NOT acceptable) |
| Coral Springs | _{FL} 33071 |
| | City, State, and 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

| "MGRM" = Managi | Member | |
|---|---|--------------------------------|
| MGRM | Michael Mitnick 12748 NW 13th Ma Coral Springs, FL 3 | |
| | - | |
| | | |
| | • | 100 |
| (Use attachment if n | essary) | |
| LE V: Effective date ffective date is listed. | f other than the date of filing: ne date must be specific and cannot filing.) | be more than five business day |

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Signature of a member or an authorized representative of a member.

Michael Mitnick
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)