Florida Department of State

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To:

Division of Corporations

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Account Name : CSH SERVICES, LLC

Account Number: I20070000160

Phone : Fax Number :

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TLORIDA LIMITED LIABILITY CO.

FFR 22 208KC Consulting Services LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SKC CONSULTING SERVICES LLC

ARTICLE II ADDRESS

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

5071 SILVER THISTLE LANE SAINT CLOUD, FLORIDA 34772

<u>ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE</u>

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

CHIQUITA STEPHENSON 3618 TORREY DRIVE ORLANDO, FLORIDA 32818

Having been named as registered agent 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.

Chiquita Stephenson / Registered Agent's signature

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The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V. MEMBERS (optional)

MANAGING MEMBER SHAWN ODOM **5071 SILVER THISTLE LANE** SAINT CLOUD, FLORIDA 34772

SEE. FLERAB MANAGING MEMBER CHIQUITA STEPHENSON 5071 SILVER THISTLE LANE SAINT CLOUD, FLORIDA 34772

MANAGING MEMBER KENYEKKA ODOM 5071 SILVER THISTLE LANE SAINT CLOUD, FLORIDA 34772

Signature of a member of an 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.

SHAWN ODOM