Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. REWIRED CEO LLC

Certificate of Status	0
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EXAMINER

10/15/2012

CT CORPORATION

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PAGE 01/04

COVER LETTER

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SUBJEC	r: Rewire	ed CEO LLC					
		Name of Limit	ed Liability	Compa	any		
The enclo	osed Articles of	Organization and fee(s) are	submitted f	or filinį	ζ.		·
Please ret	turn all correspo	ondence concerning this man	ter to the fo	llowing	;		
<u></u>	ebra Jo	nes					
			Name of Pe	rson			
9	Bodman I	PLC					
			Firm/Comp	any			
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Enclosed	l is a check for	the following amount:					
\$125.00 F	illing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	ied Cop	ig Fee & py y is enclosed)	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	R D C	egistrati ivision lifton B 561 Exe	ourier Addr on Section of Corporat ullding curive Cent ee, FL 3230	ions ter Ci	rcle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Rewired CEO LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 3590 Lansing Loop, #101 143 Cady Centre #237 Northville, MI 48167 Estero, FL 33928 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liubility 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: Curtis J. Clawson Name 3590 Lansing Loop, #101 Florida street address (P.O. Box NOT acceptable) FL 33928 Estero 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..

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Curtis J. Clawson
	3590 Lansing Loop, #101
	Estero, FL 33928
<u></u>	
(Use attachment if necessary)	
	than the date of filing: 10-12-2012 (OPTION must be specific and cannot be more than five business da
days after the date of filing.)	•
REQUIRED SIGNATURE:	
	1447

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)

Curtis J. Clawson

Page 2 of 2

Typed or printed name of signee

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