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**FLORIDA LIMITED LIABILITY CO.
Carin Foldes Solutions, 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:

CARIN FOLDES SOLUTIONS, LLC

ARTICLE II ADDRESS

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

6869 HENDRY DRIVE
LAKE WORTH, FLORIDA 33463

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

CARIN FOLDES
6869 HENDRY DRIVE
LAKE WORTH, FLORIDA 33463

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.

x Carin Foldes

CARIN FOLDES / Registered Agent's signature

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TALLAHASSEE, FLORIDA

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PAGE 2 CARIN FOLDES SOLUTIONS, LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS

MANAGING MEMBER

CARIN FOLDES

6869 HENDRY DRIVE

LAKE WORTH, FLORIDA 33463

.....

X Carin Foldes

Signature of a member or 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.

CARIN FOLDES

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