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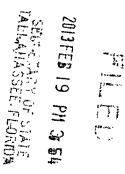
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COVER LETTER

TO:

Registration Section

Division of Corporations	•		
SUBJECT: OnTapFX, LLC			
	ited Liability Company		
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this ma		•	
Nick Angeli			
	Name of Person		
OnTapFX, LLC			
111 2nd Avenue NE #900	Firm/Company		2013 FE@
	Address	90 m	
St. Petersburg, FL 33701			9 P#
	ity/State and Zip Code	DATE DATE	<u> </u>
gov@ontapfx.com		ज़्री ाः	10. QU
	for future annual report notification)		
For further information concerning this matter, pleas	se caii:		
Nick Angeli	at (727) 3886784		
Name of Person	Area Code & Daytime Telephone Number	,	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times Certificate of Status	\$155.00 Filing Fee & \$160.00 F Certified Copy Certificate (additional copy is enclosed) Certified Contact Certified Con	of Statu Copy	ıs &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	OnTapFX, LLC		
The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address: Mailing Address:	(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address: Mailing Address:	ARTICLE II - Address:		
111 2nd Avenue NE Suite 900 St. Petersburg, FL 33701 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: Registered Agents Inc. Name 3030 N. Rocky Point Dr. STE 150A Florida street address (P.O. Box NOT acceptable) Tampa FL 33607 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 a statutes relating to the proper and complete performance of my duties, and I am familiar with and	The mailing address and street address	of the principal office of the Limited Liability Comp	oany is
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	Having been named as registered agen liability company at the place design	nt and to accept service of process for the above stated nated in this certificate, I hereby accept the appointmen	nt as
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S	Having been named as registered agen liability company at the place design registered agent and agree to act in this	nt and to accept service of process for the above stated nated in this certificate, I hereby accept the appointment s capacity. I further agree to comply with the provision	nt as ns of a
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Dan Keen-President

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Nick Angeli 111 2nd Avenue NE Suite 900 St. Petersburg, FL 33701 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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. 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.) Nick Angeli

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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

Typed or printed name of signee