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B. BOSTICK
MAR 1 4 2013
EXAMINER

COVER LETTER

TO:	Registration S	ection			
	Division of Co	orporations			
SUB	JECT: Octago	on Initiative, LLC			
		Name of L	imited Liability Company	,	
		of Organization and fee(serning this matter to the fo	*	Please return all	
		Luc	St. Hilaire		
		Name	e of Person		
		P.O.	Box 2431		
		Α	Address	SECRETARIO STATE	
	Tallahassee, FL 32316				
		City / St	ate / Zip Code	TO P	
		LaunchG	roup@usa.com	STAT STATE	
	Et	nail address (to be used fo	r future annual report noti	fication)	
For fi	urther information	on concerning this matter,	please call:		
	Luc St.	Hilaire at	(850	980-2152	
	Name o	of Person	Area Code & Daytin	ne Telephone Number	
Enclo	osed is a check for	or the following amount:			
		-\$130.00 Filing Fee &	-\$155.00 Filing Fee &	-\$160.00 Filing Fee,	
	U	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address	Street/Cour	ier Address	
		Registration Section	Registration S		
		Division of Corporations	Division of C		
		P.O. Box 6327	Clifton Build	ing	
		Tallahassee, FL 32314	2661 Executiv	ve Center Circle	
•			Tallahassee, l	FL 32301	

ARTICLES OF ORGANIZATION FOR OCTAGON INITIATIVE, LLC, A FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	\mathbf{F}	T _ 7	Vai	me:

The name of the limited liability company is Octagon Initiative, LLC ("the Company").

ARTICLE II - Address:

The street address of the Principal Office and the mailing address of the Company are:

Principal Office Address:	Mailing Address:
3909 Reserve Drive, Suite 111	P.O. Box 2431
Tallahassee, FL 32311	Tallahassee, FL 32316
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist	
Luc St. Hil	
Name of Per	son HAN THE
1216 Kitt S	
Florida Street Address (P.O. Bo	
Tallahassee, FI	
City / State / Zi	p Code

Having been named as registered agent and to accept service of process for Octagon Initiative, LLC 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,

Registered Agent's Signature (REQUIRED)

Florida Statutes.

(CONTINUED)

ARTICLE IV - Managing Member(s):

The Company shall be a member-managed limited liability company. The Managing Members shall be only those designated below. The name and address of each Managing Member is as follows:

	Launch Investment Group, LLC
	Name of Person
	P.O. Box 2431
•	Florida Street Address (P.O. Box NOT acceptable)
	Tallahassee, FL 32316
	City / State / Zip Code

ARTICLE V - Limitations on Authority of Non-managing Members:

Non-managing Members are not agents of the Company for any purpose, whether in the ordinary course of business or otherwise, and shall have no authority to act for or on the behalf of, or otherwise bind, the Company. Section 608.4235, Florida Statutes, is hereby explicitly disclaimed.

ARTICLE VI - Amendments:

The power to adopt, alter, amend, modify, repeal or supplement these Articles of Organishall be vested exclusively in the Managing Members of the Company.

ARTICLE VII - Effective date:

The effective date for these Articles of Organization is the date of filing.

REQUIRED SIGNATURES:

I hereby affirm, in accordance with Section 608.408(3), Florida Statutes, and 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 Section 817.155, Florida Statutes.

Signature of Authorized Representative

Typed or Printed Name of Signee