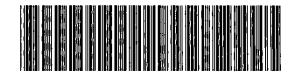
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

APR 2 3 2013

COVER LETTER

TO: Registration Section **Division of Corporations** SetWorks LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: James R Behrends Name of Person wsj-investments Firm/Company 10524 Moss Park Dr suite 204-111 Address Orlando fl. 32832 City/State and Zip Code james@blspublishing.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Behrends Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee □ \$160.00 Filing Fee, ■\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: SetWorks LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company i			
Principal Office Address:	Mailing Address:		
10524 Moss Park Dr. Suite 204-111	10524 Moss Park Dr. Suite 204-	111	
Orlando Fl. 32832	Orlando Fl. 32832		
The name and the Florida street address	s of the registered agent are: Name		
10524 Kirby Smith Road			
	a street address (P.O. Box <u>NOT</u> acceptable)		
Orlando 32832	FL City, State, and Zip		
registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my posit	nt and to accept service of process for mated in this certificate, I hereby accept is capacity. I further agree to comply complete performance of my duties, a contain as registered agent as provided for	ot the appointment as v with the provisions of and I am familiar with	
Jet,	fery S Silen	and the state of t	
	nt's Signature (REQUIRED)	13 APR 2	

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	· · · · · · · · · · · · · · · · · · ·
MORIVI — Managing Me	moer
MGR	James R Behrends
	10330 Malpas Dr.
	Orlando Fl 32832
MGRM	Ashley Bast
	12600 Kirby Smith Road
	Orlando FI 32832
MGRM	Arron Bast
············	12600 Kirby Smith Road
	Orlanod Fl. 32832
	ther than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business of filing.)
REQUIRED SIGNATUR	RE:
	James R Behrends
Signature	e of a member or an authorized representative of a member.
constitutes an affir I am aware that an	th section 608.408(3), Florida Statutes, the execution of this document rmation under the penalties of perjury that the facts stated herein are true. By false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
James R	Behrends

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)

Typed or printed name of signee