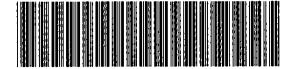
## 1300098351

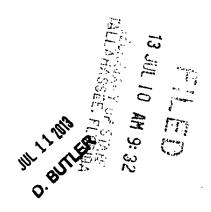
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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ION SERVICE COMPANY.	
ACCOUNT NO. : 12000000195	: .
REFERENCE: 720200 4362053	(일) <b>교</b> (일 <b>도</b> ~~~~
AUTHORIZATION: Spullelleman	10 part of the contract of the
COST LIMIT : \$ 125.00	
ORDER DATE : July 10, 2013	9: 32 7: 32
ORDER TIME : 11:48 AM	
ORDER NO. : 720200-005	
CUSTOMER NO: 4362053	
DOMESTIC FILING	
NAME: PAR 3 ONLINE, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT. 52956	
EXAMINER'S INTTIALS.	

.;

JUL 11 2013 J. BUTLER

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N			
The name of the	Limited Liability Comp.	any is:	
PAR 3 ONLINE, L	LC		
		ed Liability Company, "L.L.C.," or "LLC.")	·
ARTICLE II - A	Address:		<u> </u>
The mailing addr	ess and street address of	f the principal office of the Limited Liab	ility Company is:
Principal Office	Address:	Mailing Address:	
2690 Weston Roa	d ,	2690 Weston Road	
Suite 200		Suite 200	
Weston, FL 3333	1	Weston, FL 33331	
			₹ 6
-	,	of the registered agent are:	
	•	Name	
	1201 Hays Street		
1201 Hays Street Florida street address (P.O. Box NOT acceptable)			
	Tallahassee	FL 32301	
		City, State, and Zip	
liability compo registered agent all statutes rela	any at the place designal t and agree to act in this sting to the proper and co	and to accept service of process for the ab ted in this certificate, I hereby accept the capacity. I further agree to comply with omplete performance of my duties, and I a n as registered agent as provided for in C	appointment as the provisions of am familiar with
	Corporation Service  By:  Registered Agent's	Company Sue G. Assistant Via	Knight ce President

(CONTINUED)

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 Member		
MGRM	SWIFT RESPONSE, LLC	
	2690 WESTON RORAD, SUITE 200	<u> </u>
	WESTON, FL 33331	₽¥
•		
		<u></u>
		<u> </u>
		,***
		<del></del>
4.		
	·	
(Use attachment if necessary)		
(Obe atmosphere is necessary)	•	
CLE V: Effective date, if other than the	e date of filing: (0	OPTIONAL)
effective date is listed, the date must	t be specific and cannot be more than fiv	e business (
o or 90 days after the date of filing.)		
REQUIRED SIGNATURE:	<i>'</i>	
	•	
7		
1		

(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.)

Signature of a member or an authorized representative of a member.

ERIC SWIFT, VICE PRESIDENT, SWIFT RESPONSE, LLC
Typed or printed name of signee

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)