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(Requestor's Name)

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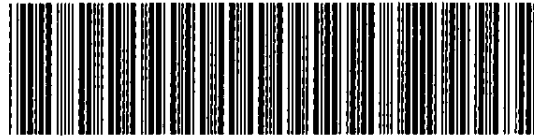
(Business Entity Name)

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14 JAN 19 PM 6:11
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[Handwritten signature]
1/14/14



January 14, 2014

Department of State
Division of Corporations
Clifton Building
Attn: Irene Albritton;

Subject: New For profit LLC

Hi Irene;

Here are the Articles I sent originally. Thank you for sending me down to Grace. She suggested I reissue the check and I have stopped payment on the original check.

If you have any questions concerning the attached information, please call Dr. Chrissie Budd, President of Beyond Visions Group, LLC.

Beyond Visions Group, LLC, Chrissie Budd is listed as the Registered Agent and prepared the documentation.

Contact information:

Dr. Chrissie Budd, President
Beyond Visions Group, LLC
(941) 896-4218 (office)
(941) 896-4218 (fax)

E-mail: BeyondVisions@tampabay.rr.com

Respectfully,

A handwritten signature in cursive script that reads "Dr. Chrissie Budd".

5213 88th Street East
Bradenton, Florida 34211

941.896-4218 (office)

941.896.4218 (fax)

E-mail: beyondvisions@tampabay.rr.com
www.beyondvisionsgroup.com

**Articles of Organization
For
Florida Limited Liability Company**

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14 JAN 16 PM 4:11
STATE OF FLORIDA
TAMPA

**Article I
Name of Company**

The name of the Limited Liability Company is:
Itrekkers, LLC

**Article II
Principal Office Address and Mailing Address**

The principal office address of the Limited Liability Company is:
11825 Shire Wycliffe
Tampa, Florida 33626

The mailing address of the Limited Liability Company is:
11825 Shire Wycliffe
Tampa, Florida 33626

**Article III
Nature/Purpose of Business**

The nature/purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS

**Article IV
Registered Agent/Address**

The name of the Registered Agent and Florida Street address is:
Chrissie Budd
Beyond Visions Group
5213 88th Street East
Bradenton, Florida 34211

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 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.


Registered Agent Signature

**Article V
Membership**

Members of this Limited Liability Company initially will be as follows:
Thomas Michael Mulliez, Authorized Member (AMBR)
11825 Shire Wycliffe
Tampa, Florida 33626

**Article V
Membership (cont.)**

Kara Stephanie Mulliez (AMBR)
11825 Shire Wycliffe
Tampa, Florida 33626

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Article VI
Meetings/Statements**

The Members will meet monthly to discuss Company business. Election of new members may also be done at this time. The Members will decide meeting day and times.

**Article VII
Duration**

The Limited Liability Company shall exist perpetually.

**Article VIII
Effective Date**

Effective date of this Limited Liability Company shall be date of filing as indicated by the State of Florida.

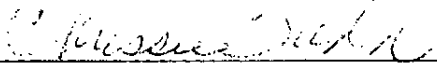
**Article VIX
Dispute Resolution**

The members of the Limited Liability Company agree that any disputes shall first try to be resolved between all parties and if are unable to resolve said dispute(s) agree that the dispute(s) shall be settled by arbitration(third party mediator) in the County of Hillsborough, State of Florida and in pursuant to the applicable rules of the American Arbitration Association.

Any costs and fees associated with the mediation/arbitration shall be shared equally by the parties.

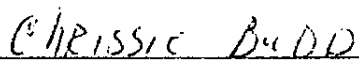
**Article XX
Regulation**

This document, and the company established herein, is subject to the laws and regulations of the State of Florida, USA, and County of Hillsborough.



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

(In accordance with section 605.0203 (1) (b), 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.)



Typed or Printed name of Signee