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J. SHIVETS JAN 3 0 2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limite			
Elevate Marketing, LLC			
1)	Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE 11 - Addres	ss:		
he mailing address an	d street address of the princip	pal office of the Limited Liability Company is:	
Principal Office Addr	ress: <u>N</u>	Tailing Address:	
5851 Justicia Loop		5851 Justicia Loop	
 			
and O Lakes, Florida		Land O Lakes, Florida	_
34639 ARTICLE III - Regist The Limited Liability	Company cannot serve as its	Land O Lakes. Florida 34639 ice, & Registered Agent's Signature: own Registered Agent. You must designate an indi	ividual or
ARTICLE III - Regist The Limited Liability mother business entity		Land O Lakes. Florida 34639 ice, & Registered Agent's Signature: own Registered Agent. You must designate an indiration.)	ividual or
ARTICLE III - Regist The Limited Liability mother business entity	Company cannot serve as its with an active Florida regist da street address of the regist Honoria Nadeau	Land O Lakes. Florida 34639 ice, & Registered Agent's Signature: own Registered Agent. You must designate an indiration.) cred agent are:	ividual or
ARTICLE III - Regist The Limited Liability another business entity	Company cannot serve as its with an active Florida regist da street address of the regist Honoria Nadeau	Land O Lakes. Florida 34639 ice, & Registered Agent's Signature: own Registered Agent. You must designate an indiration.)	ividual or
ARTICLE III - Regist The Limited Liability another business entity	Company cannot serve as its with an active Florida regist da street address of the regist Honoria Nadeau	Land O Lakes. Florida 34639 ice, & Registered Agent's Signature: own Registered Agent. You must designate an indiration.) cred agent are:	ividual or
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The Limited Liability unother business entity	Company cannot serve as its with an active Florida regist da street address of the regist Honoria Nadeau N 5851 Justicia Loop Florida street address (P.O.)	Land O Lakes. Florida 34639 ice, & Registered Agent's Signature: own Registered Agent. You must designate an indiration.) cred agent are: ame Box NOT acceptable)	ividual or

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 605, F.S.

Registered Agent's Signature (REQUIKED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Honoria Nadeau
	5851 Justicia Loop
	Land O Lakes, FI 34639
AMBR	Greg Nadeau
VIAIDIZ	5851 Justicia Loop
	Land O Lakes, FI 34639
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must	e date of filing: January 17, 2014 . (OPTIONAL) be specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the ffective date is listed, the date must e of filing.)	e date of filing: January 17, 2014 . (OPTIONAL) be specific and cannot be more than five business days prior to or 90
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EV: Effective date, if other than the ective date is listed, the date must of filing.)	e date of filing: January 17, 2014 (OPTIONAL) he specific and cannot be more than five business days prior to or 90
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LE V: Effective date, if other than the ffective date is listed, the date must e of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	House D. Madeau a member or an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sec	a member or an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmation)	a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penaltics of perjury that the facts stated herein are true.
ELE V: Effective date, if other than the ffective date is listed, the date must be of filing.) ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document the penaltics of perjury that the facts stated herein are true. Ilse information submitted in a document to the Department of State
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Ilse information submitted in a document to the Department of State

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)