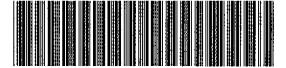
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Special Instructions to	Filing Officer:	

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COVER LETTER

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*	TO:	Registration Division of C	n Section Corporations				
	SUBJE	CT: <u>VirtuTo</u>	olsName of L	imited Liability Company			
	The end	losed Articles	of Organization and fee(s)	are submitted for filing.			
	Please r	eturn all corre	spondence concerning this	matter to the following:			
		Michael I	. Baker	Name of Person		_	_
				Firm/Company			
				TimeCompany			
		10460 H	enbury St.	Address			- 29
		Orlando,		City/State and Zip Code		25 11 11 11 11 11 11 11 11 11 11 11 11 11	2014 FEB -
	.mic	haellee bak		ed for future annual report notification	ation)	[7] [7] [7]	5 모 [T
			n concerning this matter, pl				I: 02
	Michae	L. Baker Nan	at (812) 272-9565 Area Code Daytime Te	lephone Number		
	Enclose	d is a check fo	r the following amount:				
V	\$125,00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fil Certificate Certified Co (additional co	of Status o opy	
		Regi Divi	ling Address istration Section sion of Corporations Box 6327	Street/Courier Add Registration Section Division of Corpora Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VirtuTools LLC.		-	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
10460 Henbury St Orlando, Fl 32832	10460 Henbury St. Orlando, Fl 32832	-	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida registered).	is its own Registered Agent. You must designate an indiv	idual o	r
·		2014 FEB -5	
The name and the Florida street address of the name and the Florida street address of the name and the Florida street address of the name and the na	Name Name	FEB-5 PM	
The name and the Florida street address of the name and the Florida street address of the name and the Florida street address of the name and the na	Name Name	FEB -5	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Michael L. Baker
	10460 Henbury St.
	Orlando, Fl 32832
(Use attachment if necessary)	
ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	e of filing:
ective date is listed, the date must be sport filing.) E VI: Other provisions, if any.	ecutic and cannot be more than five business days prior to or 90 da
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