

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

L14000183572
FILED 8:00 AM
December 01, 2014
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

GET IT HOME MERCHANDISE TAXI FRANCHISING, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

5237 SUMMERLIN COMMONS BOULEVARD
SUITE 327
FORT MYERS, FL. US 33907

The mailing address of the Limited Liability Company is:

5237 SUMMERLIN COMMONS BOULEVARD
SUITE 327
FORT MYERS, FL. US 33907

Article III

The name and Florida street address of the registered agent is:

THE FRANCHISE GUY, LLC
1147 MILANO DRIVE
NAPLES, FL. 34103

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: JOHN G. MAC'KIE

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
KEITH A PASCOE
2801 50TH STREET SW
NAPLES, FL. 34116 US

Title: MGR
MICHAEL J SLEGGERS
27031 SHELL RIDGE CIRCLE
BONITA SPRINGS, FL. 34134 US

Title: MGR
THE FRANCHISE GUY, LLC
1147 MILANO DRIVE
NAPLES, FL. 34103 US

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Signature of member or an authorized representative

Electronic Signature: JOHN G. MACKIE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.