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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---------|---|--|--|
| SUBJI | ECT: IS Group Holdings, LLC Name of Lin | mited Liability Company | |
| The en | closed Articles of Organization and fee(s) a | re submitted for filing. | |
| Please | return all correspondence concerning this m | natter to the following: | |
| | Jillene Doolkadīr, Esa. | Name of Person | |
| | Doolkadir Law, P.A. | Firm/Company | |
| | 2000 N. State Rd. 7 Suite 215 | Address | |
| | Margate, FL 33063 | City/State and Zip Code | |
| id | oolkadir@jadlawyers.com E-mail address: (to be use | ed for future annual report notifica | ntion) |
| For fur | ther information concerning this matter, ple | ase call: | |
| Jillene | Name of Person | 888) 519-5956 Area Code Daytime Tel | ephone Number |
| | ed is a check for the following amount: 0 Filing Fee Certificate of Status | Certified Copy (additional copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | ions er Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|--|---------------------------------------|
| The name of the Limited Liability Company is: | | t |
| | | 一家 美丁 |
| IS Group Holdings, LLC | | |
| (Must end with the words "Limite | od Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | • | S. 2 |
| The mailing address and street address of the principal | office of the Limited Liability Company is: | E. C. |
| Principal Office Address: | Malling Address: | |
| 1000 W. McNab Bd. | 14890 SW 143rd Street | |
| Suite 325 | Miami_FL | |
| Pompano Beach, FL 33049 | 33196 | |
| The name and the Florida street address of the registers Dootkadir Lang P.A. Nam | | |
| · · · · · · | | |
| 2000 N. State Rd. 7 Suite 2 | | |
| Florida street address (P.O. Be | ox <u>NOI</u> acceptable) | |
| Mergete | FL 33063 | |
| City | Zip | |
| Having been named as registered agent and to accept a the place designated in this certificate, I hereby acceptage capacity. I further agree to comply with the provision of my duties; and I am familiar with and accept the o | ept the appointment as registered agent and agre is of all statutes relating to the proper and comp | ee to act in this lete performance |
| | 5 | |

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

| Title: "AMBR" = Authorized Mer "MGR" = Manager | Name and Address: | - |
|--|--|----------|
| MGR | Indiana Sanchez 14890 SW 143rd Street Miami, FL 33196 | |
| | | |
| (Use attachment if necessar) | | |
| EV: Effective date, if other fective date is listed, the date of filing.) | on the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to | or 90 dz |
| EV: Effective date, if other | on the date of filing: | or 90 da |
| EV: Effective date, if other fective date is listed, the date of filling.) | on the date of filing: | or 90 da |
| E V: Effective date, if other lective date is listed, the date of filling.) E VI: Other provisions, if an REOURED SIGNATURE Signat (In accordance with constitutes an affin | in the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to e of a upracher or an authorized representative of a member. Section 603 0203 (1) (b), Florida Statutes, the execution of this documn also under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.) Typed or printed name of signee | ant. |

Page 2 of 2