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PICK-UP WAIT MAIL				
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SECRETARY OF STATE
ORIDA

COVER LETTER

	stration Section ion of Corporations					
SUBJECT: _	Right Choice Mar Name of I	Keting LLC Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please return a	ll correspondence concerning this	matter to the following:				
Richard A. Spencer III Name of Person						
_	Right Choice Marketing Firm/Company					
3905 E. 11th ST. Apt. A						
Panama City, FL. 32404 City/State and Zip Code						
Fichard Spencer 31@gmail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Richard Spencer at (850) 348-0666 Name of Person Area Code Daytime Telephone Number						
Enclosed is a c	heck for the following amount:					
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of States & Concentrate Copy (additional copy is priclosed)			
	Mailing Address Registration Section	Street Address Registration Section	9 PM RY OF SSEE.			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Right Choice Marketing LLC (Mustend with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

3905 E. 11th ST. APT. A Panama City, FL 32404	3905 F. 11th ST. Hay. A Panama City, FL 32404				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)					
The name and the Florida street address of the registered agent are:					
Saguilla L. Brown					
Florida street address (P.O. Box NOT acceptable)					
Panama City City	FL 32404 State Zip				

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 as provided for in Chapter 605, F.S..

Mailing Address:

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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EGRETARY OF STATE

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)