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(Requestor's Name)

(Address)

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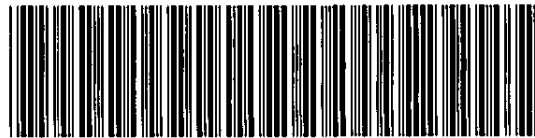
(Business Entity Name)

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**Volters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**BLACKRIDGE ASSET MANAGEMENT, LLC**

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Thank you!

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| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                 |   |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC            | <input type="checkbox"/> Name Registration      |   |
| <b>Formation</b>                                   | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <b>New Formation</b>                               |   |   |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        |   |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

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7/2/2015

**ST**

Order#:  
**9612235**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**OF**  
**BLACKRIDGE ASSET MANAGEMENT, LLC**  
**(A Florida Limited Liability Company)**

**ARTICLE I**  
**NAME**

The name of the limited liability company (the "Company") is: Blackridge Asset Management, LLC

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the Company are: 6631 Main Street, Williamsville, NY 14221.

**ARTICLE III**  
**INITIAL REGISTERED OFFICE AND AGENT**

The name and Florida street address of the Company's initial registered agent are: Glenn Wiggle, 338 Caravelle Dr., Jupiter, FL 33458.

**ARTICLE IV**  
**EFFECTIVE DATE AND TIME**

These Articles of Organization are effective upon the filing of these Articles of Organization with the Florida Department of State.

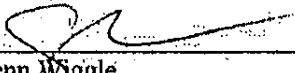
**ARTICLE V**  
**OFFICERS**

The name and address of the officer of the Company are as follows:

| <b>Officer</b> | <b>Title</b> | <b>Address</b>                              |
|----------------|--------------|---|
| Daniel Neiman  | President    | 6631 Main Street<br>Williamsville, NY 14221 |

*[Signature on the following page]*

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization  
this 8<sup>th</sup> day of June, 2015.

  
\_\_\_\_\_  
Glenn Wiggle,  
Authorized Representative

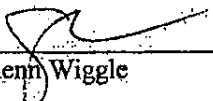
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**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Pursuant to the provisions of the Florida Revised Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **BLACKRIDGE ASSET MANAGEMENT, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and the undersigned is familiar with and accepts the obligations of his position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 8<sup>th</sup> day of June, 2015.

  
\_\_\_\_\_  
Glenn Wiggle

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