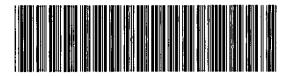
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SECRETARY OF STATE



1/4

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Partners In Success Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wendy McGhee Name of Person
Firm/Company
11521 Crestlake Village Dr. Address
Riverview, Florida 33569 City/State and Zip Code Wendyl. Mcghee @ gmail.cam E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy} (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

15 DEC 10 PM 3: 21

Partners In

(Must end with the words "Limited

ARTICLE II - Address:

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

Principal Office Address:

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:

11521 Crestlake Village Dr. Florida street address (P.O. Box NOT acceptable)

Riverview FL 33569
City 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..

(CONTINUED)

Page 1 of 2

Rogis(ered Agent's Signature (REQUIRED)



SE CRETARY OF TALLAHASSEE, FL
Cohee Hake Village Dr. W. FL 33569
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11, 2015 (OPTIONAL) five business days prior to or 90 ng requirements, this date will not
five business days prior to or 90
five business days prior to or 90
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)