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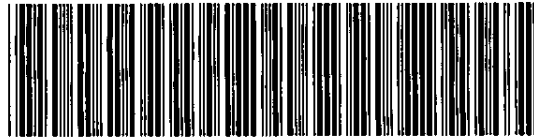
(Business Entity Name)

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DATE: 1/27/16

NAME: SKULD TESTING, LLC

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**ARTICLES OF ORGANIZATION
OF**

Skuld Testing, LLC
(a Florida limited liability company)

ARTICLE I - NAME:

The name of the limited liability company is Skuld Testing, LLC (the "Company").

ARTICLE II - ADDRESS:

The principal office, street and mailing address of the Company is 50 North Laura Street, Suite 3000, Jacksonville, Florida 32202.

ARTICLE III - REGISTERED AGENT:

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

Ellsworth Summers
50 North Laura Street
Suite 3000
Jacksonville, Florida 32202

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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.



Ellsworth Summers


ARTICLE IV - MANAGEMENT:

The Company shall be a manager-managed Company, and the name, address and title of the person authorized to manage and control the Company are:

Name: Ellsworth Summers
Title: Manager
Address: 50 North Laura Street
Suite 3000
Jacksonville, Florida 32202

(Signature Page Follows)

AUTHORIZED REPRESENTATIVE:



Ellsworth Summers

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