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(Re	questor's Name)	
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SECRETARY OF STATE

'APR 1 2016

S. PRATHER

COVER LETTER

	egistration Section vivision of Corporations
SUBJECT	: Divorce Calculator, LLC Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	irn all correspondence concerning this matter to the following:
	Mark Sessums
	Name of Person SUSSUMS LAW GROUP Firm/Company
	2212 S. Ploxida Avl.
	City/State and Zip Code MSESSUMS @ SESSUMS PA.Com E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount: Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}} \$\$155.00 Filing Fee & Certificate of Status & Certificate of S
gr - 618)	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Divorce Calcula (Must end with the words "Limited Lie	toe LLC ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2212 S. Florida Ave. Cateland, FL 33803	Same
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
IVIQUEK	Sessums
N	ame
Florida street address (P	P.O. Box <u>NOT</u> acceptable)
- Willand,	<u>H</u> 33803
City	State Zip
am familiar with and accept the obligations of vivy position as r	tment as registered agent and agree to act in this capacity. I ing to the proper and complete performance of my duties, and I

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Harrison Pincket
	1212 S.Fiorida Ave. Lakeland, 12 33803
_AMBR	Mark Sessums
	(SAME)
(Han attackmout if managem)	
(Use attachment if necessary)	
CLE V: Effective date, if other than the d effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be determined by the date on the Department.	of meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the d effective date is listed, the date must be ite of filing.) If the date inserted in this block does not be inserted in the block does not be inserted in the block does not be inserted in the block does not be inserted in this block does not be inserted in the block does not be inserted i	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)