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(Requestor's Name)

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(City/State/Zip/Phone #)

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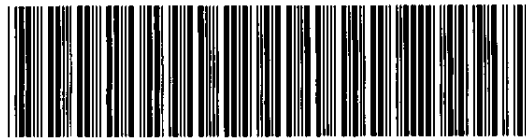
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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3458 Lakeshore Drive  
Tallahassee, Florida 32312

(850) 656-4724

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Date: 5-23-16

**ENTITY NAME:**

# INTRODUCTIONS LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

  X   Plain Copy  
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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

           Certified Copy of Arts & Amendments

## Certificate of Good Standing

**\*\*APOSTILLE'/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 125-

CHECK NUMBER: 2524

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

**Tina Goff, President**

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

INTRODUCTIONS LLC

**ARTICLE II      ADDRESS**

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

385 WYMORE ROAD #100

ALTAMONTE SPRINGS, FLORIDA 32714

**ARTICLE III      REGISTERED AGENT**


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

KRISTINA BRASI

385 WYMORE ROAD #100

ALTAMONTE SPRINGS, FLORIDA 32714

*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.*

X 

KRISTINA BRASI / Registered Agent's signature

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PAGE 2      INTRODUCTIONS LLC

**ARTICLE IV      AUTHORIZED PERSON(S)**

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

KRISTINA BRASI

385 WYMORE ROAD #100

ALTAMONTE SPRINGS, FLORIDA 32714

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X 

KRISTINA BRASI / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*

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16 MAY 23 PM 1:00  
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