

L16000114790

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 16 2016

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 182842 4301683

AUTHORIZATION :



COST LIMIT : \$ 155,000

ORDER DATE : June 16, 2016

ORDER TIME : 2:51 PM

ORDER NO. : 182842-005

CUSTOMER NO: 4301683

DOMESTIC FILING

NAME: CORE FOCUS CONSULTING 2 LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
CORE FOCUS CONSULTING 2 LLC**

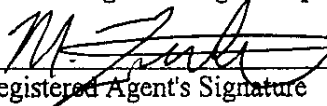
The undersigned, an authorized representative, for the purpose of forming a limited liability company pursuant to Chapter 605, Florida Statutes, hereby certifies as follows:

1. The name of the limited liability company (the "Company") is Core Focus Consulting 2 LLC.

2. The mailing address and street address of the principal office of the Company is: 6981 Curtiss Avenue, Suite 2, Sarasota, FL 34231.

3. The address of the registered agent of the Company in the State of Florida is 1201 Hays Street, in the City of Tallahassee, Florida 32301. The name of its registered agent at such address is Corporation Service Company ("CSC").

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.


Registered Agent's Signature

Melissa Zender
Asst. Vice President

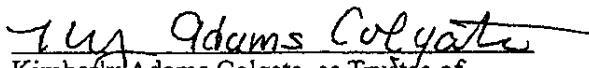
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4. The name and address of the Manager of the Company is as follows:

James J. Nork
6981 Curtiss Avenue, Suite 2
Sarasota, FL 34231

5. The name and address of the undersigned authorized representative is as follows: Kimberly Adams Colgate, c/o the Nork Family Trust, 6981 Curtiss Avenue, Suite 2, Sarasota, FL 34231.

IN WITNESS WHEREOF, the undersigned authorized representative signs her name and affirms that the statements made in this Certificate are true and correct under the penalty of perjury, this 16th day of June, 2016. She is 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.


Kimberly Adams Colgate, as Trustee of
the Nork Family Trust, the sole Member
of the Company.