Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112

: (302)575-0875

Phone Fax Number

: (302)575-1642

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. TALKSOBER LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CUMPANY

ARTICLE 1 - Name:

The name of the 1 imited Liability Company is:

TALKSOBER LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5840 RED BUG LAKE RD., #610 WINTER SPRINGS, FL 32708

5840 RED BUG LAKE RD., #610 WINTER SPRINGS, FL 32708

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:

AGENTS AND CORPORATIONS, INC.

Name

300 FIFTH AVENUE SOUTH SUITE 101-330

Florida street address (P.O. Box NOT acceptable)

NAPLES

FL

34012

City

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 dutter, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

Agents and Corporations, Inc.

Registered Agent's Signature (Required)

John L. Williams, President

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and the second of the second

Title:	Name and Address:
"AMBR" - Authorized Member	time at the control of the same
"MGR" = Manager	
MGR	MARCUS CAMPBELI.
	5840 RED BUG LAKE RD., #610
	WINTER SPRINGS, FL 32708
Annual State Control of the Control	
(Use attachment if necessary)	
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