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(Requestor's Name)

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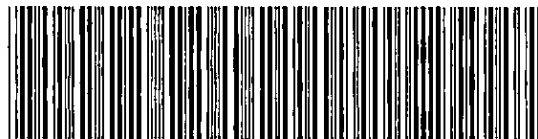
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

## CUSTOM INFORMATION LLC

Signature \_\_\_\_\_

Requested by: Seth

12/06/17

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

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- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
CUSTOM INFORMATION LLC

ARTICLE I  
Name

The name of the limited liability company is CUSTOM INFORMATION LLC (hereinafter called the "Company").

ARTICLE II  
Principal Office

The mailing address and the street address of the principal office of the Company is 1657 North Miami Avenue, Suite 816, Miami, Florida 33136.

ARTICLE III  
Initial Registered Office and Registered Agent

The street address of the Company's initial registered office in the State of Florida is 2750 N.E. 185<sup>th</sup> Street, Suite 201, City of Aventura, County of Miami-Dade, and the name of its initial registered agent at such office is Louis R. Montello.

ARTICLE IV  
Management

The Company is to be managed by managers, who shall serve as managers until replaced by the members.

ARTICLE V  
Indemnification

The Company shall indemnify and shall advance expenses on behalf of its members and managers to the fullest extent not prohibited by any law in existence either now or hereafter.

The undersigned, being one of the original members of the Company, hereby certifies that the foregoing constitutes the Articles of Organization of CUSTOM INFORMATION LLC.

Executed by the undersigned at Aventura, Florida, this 6<sup>th</sup> day of December, 2017.

CUSTOM INFORMATION LLC

By: 

Louis R. Montello,  
As Authorized Representative

**ACCEPTANCE BY REGISTERED AGENT**

The undersigned, having been named the Registered Agent of CUSTOM INFORMATION LLC, hereby accepts such designation and is familiar with, and accepts, the obligations of such position.



December 6, 2017

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Louis R. Montello,  
Registered Agent

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TALLAHASSEE, FLORIDA**