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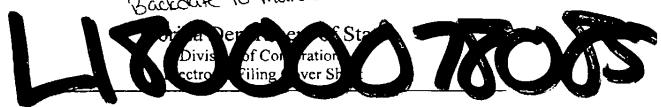
From: 302-575-1642

Page:1/3

Division of Corporations

Attn: Keyna Yage Backdate to March 12

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000802023)))



H180000802023ABCV

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To:

Division of Corporations

Fax Number : (950)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone : (302)575-0875 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. MAINSPRING VENTURES LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: MAINSPRING VENTURES LLC (Must contain 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: Malling Address; 3700 SOUTH OCEAN BLVD, NO. 1701 3700 SOUTH OCEAN BLVD, NO. 1701 DELRAY BEACH, FL 33487 DELRAY BEACH, FL 33487 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 CO	RPORATIONS, INC	
	Name	
300 FIFTH AVE. S	OUTH, SUITE 101-3	330
Florida street addre	жь (Р.О. Вох <u>NOT</u> вс	reeptable)
NAPLES	FL	34102
City	State	Zip

Having been numed as registered agent und 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
AMBR	JOSHUA KRAT
	3700 SOUTH OCEAN BLVD, NO. 1701
	DELRAY BEACH, FL 33487
AMBR	ZAK TENDLE
	3700 SOUTH OCEAN BLVD, NO. 1701
	DELRAY BEACH, FL 33487
EV: Effective date, if other than the date of the date is listed, the date must be sp f filling.)	e of filing:
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EV: Effective date, if other than the date of the date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  Signature of a ment of this document is executed and aware this executed am aware this executed and aware this constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records.  ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State is felony as provided for in \$817.155, F.S.