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## COVER LETTER

SUBJECT:    Lead Dialog, LLC	
Name of Limited Liability Company  The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Joseph Falcone  Name of Person  Joseph Falcone, P.C.  Firm/Company  3000 Town Center, Suite 2370  Address  Southfield, MI 48075  City/State and Zip Code  jf@lawyer.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Joseph Falcone  248  357-6610	
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Joseph Falcone 248 357-6610at ()	
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Particular de la Carlo de Maria	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy	Status &
Mailing Address Street Address	
New Filing Section New Filing Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

## $F : \mathbb{L} \to \mathbb{C}$ ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SECKLIARY OF STATE

			TALL AHASS	EE. FLUKBJA			
Lead Dialog, LLC	<del></del>						
(Must co	ntain the words "Limited	Liability Company	"L.L.C.," or "LLC.")				
ARTICLE II - Address:							
The mailing address and street	address of the principal of	office of the Limited	Liability Company is:				
<u>Princi</u>	pal Office Address:		Mailing Address:				
300 West Palmentt	o Park Road	300	300 West Palmentto Park Road				
#107A	·		#107A				
Boca Raton, FL 33	3432	Boo	a Raton, FL 33432	<del></del>			
another business entity with ar The name and the Florida stree	·	•					
		Name					
	300 West Palmentto	Park Road . #107A					
	Florida street addres						
	Boca Raton	FL	33432				
	City	State	Zip				
Having been named as registered place designated in this certificat further agree to comply with the p am familiar with and accept the d	te, I hereby accept the app provisions of all statutes r phligations of my position	ointment as register elating to the prope	ed agent and agree to act in the and complete performance of as provided for in Chapter 60:	is capacity. I I my duties, and I			

(CONTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Lewis Spinner 300 West Palmentto Park Road, #107A Boca Raton, FL 33432	
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(Use attachment if necessary)	See FLO	21 PM 2:
the date of filing.)	cannot be more than five business days prior to or 90 days a	ofter
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
This document is executed in acco	ordance with section 605.0203 (1) (b). Florida Statutes, on submitted in a document to the Department of State provided for in s.817.155, F.S.	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Lewis Spinner