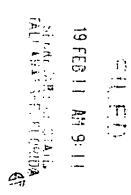
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| (Re | equestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | usiness Entity Nar | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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T SCHROEDER

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 627020 8134796 AUTHORIZATION : COST LIMIT : ORDER DATE: February 11, 2019 ORDER TIME : 9:25 AM ORDER NO. : 627020-005 CUSTOMER NO: 8134796 DOMESTIC FILING NAME: SECAM HOLDING, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

COVER LETTER

| | New Filing Section Division of Corporations | | | | | |
|---------------|---|---|--|--|--|--|
| SUBJEC | SECAM Holding, LLC | | | | | |
| | | Limited Liability Company | | | | |
| The enclo | osed Articles of Organization and fee(s) | are submitted for filing. | | | | |
| Please ret | turn all correspondence concerning this | matter to the following: | | | | |
| | Debbie Hall | | | | | |
| | | Name of Person | | | | |
| | The Home Mag | | | | | |
| | Firm/Company | | | | | |
| | 1730 SE 47th Terr | | | | | |
| | Address | | | | | |
| | Cape Coral, FL 33904 | | | | | |
| | debbiehall@thehomemag.com | City/State and Zip Code | | | | |
| | E-mail address: (to be use | d for future annual report notification) | | | | |
| For further i | information concerning this matter, plea | se call: | | | | |
| | Debbie Hall | 945-7432 | | | | |
| | Name of Person | Area Code Daytime Telephone Number | | | | |
| Enclosed is | s a check for the following amount: | | | | | |
| \$125.00 F | iling Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liab | ility Company is: | | | |
|--|---|--|---|---|
| SECAM Holding, (Must co | LLC ntain the words "Limited | Liability Compan | y, "L.L.C.," or "LLC.") | <u> </u> |
| ARTICLE II - Address: The mailing address and street | address of the principal of | office of the Limite | ed Liability Company is: | |
| Princ | ipal Office Address: | | Mailing Ad | dress: |
| 1730 SE 47th Te Cape Coral, FL 3 | | <u>Sa</u> | me | |
| ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an The name and the Florida street | ny cannot serve as its owr n active Florida registratio | n Registered Agent on.) | ent's Signature: . You must designate an i | ndividual or |
| | Corporation Service | - | | |
| | | Name | | |
| | 1201 Hays Street Florida street addres | s (P.O. Box <u>NOT</u> | acceptable) | |
| | Tallahassee | FL_ | 32301 | |
| | City | State | Zip | |
| Having been named as registered place designated in this certificat urther agree to comply with the p um familiar with and accept the c | e, I hereby accept the app provisions of all statutes re obligations of my position | ointment as registe elating to the prope as registered agent | red agent and agree to ac ir and complete performa | t in this capacity. 1 nce of my duties, and 1 er 605, F.S |
| | | (CONTINUED) | | |
| | | | | FILED 19 FEB 11 AM 9: 11 SELFANGE PROPRIES |

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Opportunity Leads Internation, LLC 1730 SE 47th Terr Cape Coral, FL 33904 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am 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. Sean Campbell Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)