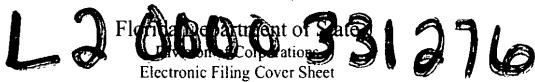
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

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

Email Address:_bob@viniarcpa.com

FLORIDA LIMITED LIABILITY CO. INFLUX MARKETING LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

14154847068

INFLUX MARKETING 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:

3121 FAIRLANE FARMS ROAD, STE 3 WELLINGTON, FL 33414

3121 FAIRLANE FARMS ROAD, STE 3 WELLINGTON, FL 33414

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:

BRIANA CLAXTON

Name

3121 FAIRLANE FARMS ROAD, STE 3

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

WELLINGTON

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Briana Clapton
Registered Agent's Signature (REQUIRED)

BRIANA CLAXTON (CONTINUED)

Page 1 of 2

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<u> Fitle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	BRIANA CLAXTON
AMBR	
	3121 FAIRLANE FARMS ROAD, STE 3 WELLINGTON, FL 33414
AMBR	THOMAS CLAXTON
	3121 FAIRLANE FARMS ROAD, STE 3
	WELLINGTON, FL 33414
VI: Other provisions, if any.	
PEOURED SIGNATURE:	_
REQUIRED SIGNATURE:	Briana Clarks
	Briana Clayton
Signature of a me (In accordance with section of constitutes an affirmation up a may are that any false in	mber or an authorized representative of a member.
Signature of a me (In accordance with section of constitutes an affirmation up a may are that any false in	mber or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this documen nder the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State
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Signature of a me (In accordance with section of constitutes an affirmation up a may are that any false in	mber or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this documen nder the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State-lony as provided for in s.817.155, F.S.) BRIANA CLAXTON