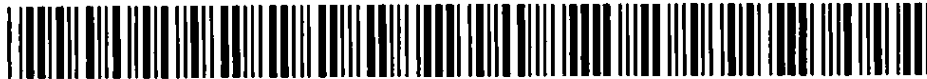


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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I199900000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

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

Email Address: CORPORATE@ZKSLAWFIRM.COM

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**FLORIDA LIMITED LIABILITY CO.  
LAM BENEFITS CONSULTING GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION**  
**OF**  
**LAM BENEFITS CONSULTING GROUP, LLC**  
**A Florida Limited Liability Company**

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**ARTICLE I**  
**NAME**

The name of this limited liability company is "*LAM Benefits Consulting Group, LLC*" (the "Company").

**ARTICLE II**  
**MAILING AND STREET ADDRESS**

The street and mailing address of the principal office of the Company is as follows:

1014 W. Fairbanks Avenue  
Orlando, FL 32789

**ARTICLE III**  
**COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall commence at the time and date on which these Articles of Organization are filed with the Florida Department of State.

**ARTICLE IV**  
**MANAGEMENT**

The Company shall be managed by one or more managers and is therefore a manager managed company. The name and mailing address of the initial manager of the Company is as follows:

Keith Mueller  
1014 W. Fairbanks Avenue  
Orlando, FL 32789

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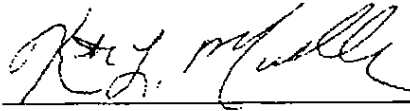
**ARTICLE V  
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent of the Company at such address are as follows:

Keith Mueller  
1014 W. Fairbanks Avenue  
Orlando, FL 32789

**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.

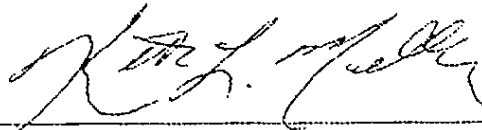


Keith Mueller  
Manager

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned, I, submit the following statement of acceptance of his designation as Registered Agent for the Company:

*Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.*



Keith Mueller  
Registered Agent

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