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To:

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

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (786)901-8020

****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.
GOOD CAPITAL PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
GOOD CAPITAL PARTNERS, LLC**

ARTICLE I - NAME

The name of this limited liability company is GOOD CAPITAL PARTNERS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

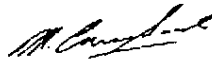
The mailing address and street address of the principal office of the Company is 174 W. Comstock Avenue, #100, Winter Park, Florida 32789.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 174 W. Comstock Avenue, #100, Winter Park, Florida 32789, and the name of the initial registered agent of the Company at that address is M. Carson Good.

ARTICLE IV - MANAGEMENT

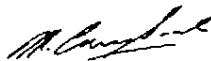
The Company is a manager-managed limited liability company, and the initial manager of the Company is Good Capital Group Inc., located at 174 W. Comstock Avenue, #100, Winter Park, Florida 32789.



M. Carson Good, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



Good

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