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FLORIDA LIMITED LIABILITY CO.

CMG 9 Tice, LLC

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SUBJECT:		mited Liability Company	
	· iuiii (i Li	Annea Blabinty Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
	M	fichael P. Lehnert, Esq.	
		Name of Person	
		Pavese Law Firm	
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		1833 Hendry Street	
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		Fort Myers, FL 33901	
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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	C).	AG 9 Tice, LLC		
(Must co	ntain the words "Limited		"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
1833 Hendry Street			1833 Hondry Street	
	Myers, FL 33901		Fort Myers, FL 33901	
		gistered Agent, L.L.C Name		
		3 Hendry Street ss (P.O. Box <u>NOT</u> ac	141(.)	
	riorida street addres	\$5 (F,O. BOX <u>17771</u> 80	(Ceptable)	
	Fort Myers	FL St.	33901	
	City	State	Zip	
iving been named as registered	e, I hereby accept the app	oointment as registere	d agent and agree to act in this capac and complete performance of my dution	iņ. I

ARTICLE IV- The name and address of each person auth	norized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	SEEC Enterprises, LLC, a Utah limited liability company 1200 Pearl Street, Suite 314 Boulder, Colorado 80202
the date of filing.) Note: If the date inserted in this block does not me.	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of ARTICLE VI; Other provisions, if any.	State's records.
REQUIRED SIGNATURE:	
This document is executed I am aware that any false in	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Ftorida Statutes. In accordance with section 605.0203 (1) (b), Ftorida Statutes. Iformation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.
Miche	W Chny Typed or printed name of signee

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