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To:

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

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : 120070000019
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DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO. CLUTCH CONSULTING FIRM LLC

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FALL ANASSEEN, FLORIDA

Articles of Organization for Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is: **CLUTCH CONSULTING FIRM LLC**

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: **2875 NE 191st ST, STE 500, AVENTURA, FL 33180**

Mailing Address: **16385 BISCAYNE BLVD, UNIT 517, AVENTURA, FL 33160**

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

ROBERT KOTELSKY, 2875 NE 191st ST, STE 500, AVENTURA, FL 33180

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..

/s/ ROBERT KOTELSKY

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

The name and address of each person authorized to manage and control the Limited Liability Company:

ROBERT KOTELSKY, Authorized Member, 16385 BISCAYNE BLVD, UNIT 517, AVENTURA, FL 33160

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.

/s/ ROBERT KOTELSKY

Authorized Member