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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.**  
**Stimulate LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**STIMULATE LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Stimulate LLC (the “Company”).

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

1011 E Cumberland Ave, Unit 1110  
Tampa, FL 33602

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent’s Signature**

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC  
360 Central Avenue  
Suite 800  
St. Petersburg, FL 33701

*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.*

*Vishva S Nandu* (sign)  
FLP RA Services LLC

**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Randall S. McHugh 1011 E Cumberland Ave, Unit 1110 Tampa, FL 33602

**ARTICLE V.**

The Effective date shall be the date of filing.

Randall S. McHugh (sign)

**Signature of a member or an authorized representative of a member.**

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.

Randall S. McHugh  
Authorized Representative/Member