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### CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

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#### WALK IN

PICK UP: MISTY 8/27 XX**CERTIFIED COPY PHOTOCOPY CUS** XX**FILING** LLC 1. SGT TALENT GROUP LLC (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) 6. (CORPORATE NAME AND DOCUMENT #) SPECIAL INSTRUCTIONS:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### SGT TALENT GROUP LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

## 4830 W KENNEDY BLVD 4830 W KENNEDY BLVD SUITE 600 SUITE 600 TAMPA, FL 33609 TAMPA, FL 33609

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual-or another business entity with an active Florida registration.)

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

Principal Office Address:

KMG CPA LLC	ASS.
Name	
1101 MIRANDA LANE, SUITE 109	7
Florida street address (P.O. Box NOT acceptable)	

Mailing Address:

KISSIMMEE	EI	34741
KISSIMIMIEE	1.17	37/71
City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  AMBR	ANTHONY TRAINA 4830 W KENNEDY BLVD, SUITE 600 TAMPA, FL 33609
AMBR	ALFONSO T TRAINA II  4830 W KENNEDY BLVD, SUITE 600  TAMPA, FL 33609
(Use attachment if necessary)	<b>2674</b>
ARTICLE V: Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and he date of filing.)	cannot be more than five business days prior to 2 90 days after
Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's	pplicable statutory filing requirements, this date was not be listed a records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	

#### AJBeren

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.

Amanda J. Beren

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)