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ACCT#: 105256001620

CONTACT: RICHARD OSTER

FAX #. (608)251-6907

PHONE: (608)251-6600

NAME: RENDERSCOPE, LLC EMBRC, CC

AUDIT NUMBER..... H98000002983

DOC TYPE. ... LIMITED LIABILITY COMPANY

CERT. OF STATUS...1

PAGES .. . 1

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ARTICLES OF ORGANIZATION OF EMARC, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: EMARC, LLC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 490 N.W. 20th Street, 215, Boca Raton, FL 33431.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Kevin Mahoney, 490 N.W. 20th Street, 215, Boca Raton, FL 33431.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS

The management of the limited liability company is reserved for the manager and name and address of the members of the Limited Liability Company is: Kevin Mahoney, 490 N.W. 20th Street, 215, Boca Raton, FL 33431. Leland Miyamoto, 301-South West 1st Street 508D, Boca Raton, FL 33433.

Prepared by Richard Oster, 214 North Henry Street, Suite 201, Madison, W1 53703. (608) 251-6600.

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS 98 FEB 27 PM 3: 39

The undersigned member or authorized representative of a member of EMARC, LLC deposes and says:

- the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the members are:

\$ 8,000.00

- 4) the amount of each or property anticipated to be contributed by members is

5) the total amounts of 2,3 and 4 is

s 8000.00

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608-415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: EMARC, LLC

The name and address of the registered agent and office is: Kevin Mahoney, 4990 North. West 20th Street, 215, Boca Raion, FL 33431.

Having been named as registered agent and to accept service of process for the above stated corporation 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 stantes 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.

Signature:

Kevin Mahoney

Date