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CLAUDE R. WALKER, ESQ.
HUEY, GUILDAY & TUCKER, P.A.
P. O. BOX 1794
TALLAHASSEE, FL 32302

City/State/Zip

Phone #

224-7091

Att Julie

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. N Squared International L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -5 AM 10:20

☐ Walk in

☒ Pick up time

Call when ready

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability \$285 |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

500003006585-3
-10/06/99-01001-005
****125.00 ****125.00

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

DEF. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION OF
N SQUARED INTERNATIONAL, L.C.
A FLORIDA LIMITED LIABILITY COMPANY**

1. Name. The name of the Limited Liability Company is N SQUARED INTERNATIONAL, L.C., a Florida limited liability company (the "Company").
2. Duration. The Company shall exist from the date of filing of these Articles of Organization with the Department of State until the earlier of fifty (50) years from the date of filing or the occurrence of any of the events specified in Florida Statutes Section 608.441, unless continued by the unanimous consent of all of the remaining members.
3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.
4. Place of Business. The address of the Company's place of business in the State of Florida is 2621 Noble Drive, Tallahassee FL 32312. The Company's mailing address is 2621 Noble Drive, Tallahassee FL 32312.
5. Registered Agent and Office. The name of the initial registered agent of the Company is Nancy C. Norman. The street address of the initial registered agent of the Company is 1415 Timberlane Road, Suite 201, Tallahassee FL 32312.
6. Contributions to the Company. The total amount of cash initially contributed to the company by the members is \$1,000.00. No additional contributions have been agreed upon.
7. Additional Members. Additional members to the Company may be admitted, but only upon the unanimous consent of all members of the Company at the time admission is sought.
8. Termination of Membership. Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the Company shall be dissolved unless the remaining members, by unanimous written agreement, consent to continue the business of the Company.

9. Management of the Company. The management of the Company is to be with the members. The Company shall be managed in accordance with the regulations and operating agreement adopted by all of the initial members.

10. Initial Members. The initial members of the Company are:

David W. Norman, 2621 Noble Drive, Tallahassee FL 32312
Nancy C. Norman, 2621 Noble Drive, Tallahassee FL 32312
Eugene R. Newcomb, 2578 Canvasback Court, Tallahassee FL 32312
Bonnie B. Newcomb, 2578 Canvasback Court, Tallahassee FL 32312

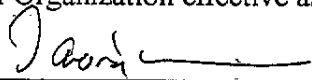
11. Regulations. The members shall have the power to adopt, alter, amend, or repeal regulations of the Company containing provisions for the regulation and management of the affairs of the Company.

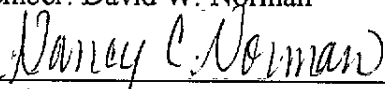
12. Transfer of Interest. No member shall have the right to transfer any interest in the Company without the unanimous written agreement of all members unless such member shall have first complied with the Right of First Refusal provisions of the regulations adopted by the members. If the Company or the non-transferring members do not elect to purchase the interest, the transferee of the interest of the transferring member shall have the right to become a member and to participate in the management of the business and the affairs of the Company. The transferee shall be entitled to receive the share of profits or other compensation by way of income, and the return of contributions to which the transferring member otherwise would be entitled by virtue of membership.

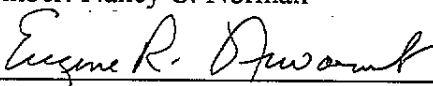
13. Certificated Interests. The members' interests in the Company may be evidenced by certificates.

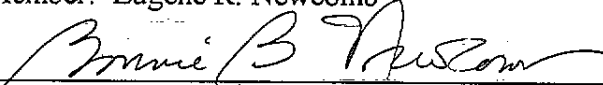
14. Contracting Debts. The consent of all members shall be required to borrow any money or encumber the Company's property.

The undersigned executed these Articles of Organization effective as of the 1st day of October, 1999.


Member: David W. Norman

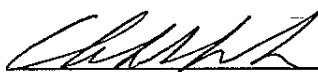

Member: Nancy C. Norman


Member: Eugene R. Newcomb


Member: Bonnie B. Newcomb

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this 1st day of Oct., 1999, before me personally appeared DAVID W. NORMAN who presented his Fla D.L. as identification and who executed the foregoing before me for the purposes therein expressed.



NOTARY PUBLIC

My Commission Expires:



Claude R Walker
My Commission CC771534
Expires August 30, 2002

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this 1st day of Oct., 1999, before me personally appeared NANCY C. NORMAN who presented her Fla D.L. as identification and who executed the foregoing before me for the purposes therein expressed.



NOTARY PUBLIC

My Commission Expires:



Claude R Walker
My Commission CC771534
Expires August 30, 2002

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this 1st day of Oct., 1999, before me personally appeared EUGENE R. NEWCOMB who presented his Fla D.L. as identification and who executed the foregoing before me for the purposes therein expressed.



NOTARY PUBLIC


My Commission Expires:



Claude R Walker
My Commission CC771534
Expires August 30, 2002

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this 1st day of Oct., 1999, before me personally appeared BONNIE B. NEWCOMB who presented her Fla D.L. as identification and who executed the foregoing before me for the purposes therein expressed.



NOTARY PUBLIC

My Commission Expires:



Claude R Walker
My Commission CC771534
Expires August 30, 2002

ACCEPTANCE AS REGISTERED AGENT OF CORPORATION

HAVING BEEN named Registered Agent and designated to accept service of process for the within named Company, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



NANCY C. NORMAN

Dated: Oct. 1, 1999