NORTH CAROLINA
Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

HUMAN4CE, LLC

the original of which was filed in this office on the 15th day of July, 2015.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of July, 2015.

Elaine F. Marshall

Secretary of State

SOSID: 1458128
Date Filed: 7/15/2015 3:38:00 PM
Elaine F. Marshall
North Carolina Secretary of State

C2015 195 01167

State of North Carolina
Department of the Secretary of State

Limited Liability Company
ARTICLES OF ORGANIZATION

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: **Human4ce, LLC.**
(See Item 1 of the Instructions for appropriate entity designation)

2. The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both. **Note: This document must be signed by all persons listed.)**

Krishna V. Dhullipalla 101 Sunset Ridge Ln, Chapel Hill NC 27516 (Member)

3. The name of the initial registered agent is: **Krishna V. Dhullipalla**

4. The street address and county of the initial registered agent office of the limited liability company is:

Number and Street **101 Sunset Ridge Ln**

City **Chapel Hill** State: **NC** Zip Code: **27516** County: **Orange**

5. The mailing address, if different from the street address, of the initial registered agent office is:

Number and Street _____

City _____ State: NC Zip Code: _____ County: _____

6. Principal office information: (Select either a or b.)

a. ☐ The limited liability company has a principal office.

The principal office telephone number: _____

The street address and county of the principal office of the limited liability company is:

Number and Street: _____

City: _____ State: ____ Zip Code: _____ County: _____

The mailing address, if different from the street address, of the principal office of the company is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

b. ☒ The limited liability company does not have a principal office.

7. Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.

8. (Optional): Please provide a business e-mail address: *Privacy Redaction* _____
The Secretary of State's Office will e-mail the busine above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.

9. These articles will be effective upon filing, unless a future date is specified:

_____

This is the **14** day of **July**, **2015**.

_____

Signature *Member*

Krishna V. Dhullipalla, President.

Type or Print Name and Title

The below space to be used if more than one organizer or member is listed in Item #2 above.

_____ _____

_____ Signature _____ _____ Signature _____

Type and Print Name and Title Type and Print Name and Title

_____ _____

_____ Signature _____ _____ Signature _____

Type and Print Name and Title Type and Print Name and Title

NOTES:

1. Filing fee is $125. This document must be filed with the Secretary of State.