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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.  
DOYDYNASTY INVESTMENTS, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The Name of the Limited Liability Company shall be :

**DOYDYNASTY INVESTMENTS, LLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

2015 JAN -6 AM 8:28  
STATE OF FLORIDA  
CORPORATION DIVISION

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is: 11834 SW 102<sup>ND</sup> ST., MIAMI, FL 33186

**ARTICLE IV**

The name of the Authorized Member (S) and Manager(S) shall be:

**AUTHORIZED MEMBER**

BERT E. ROUTH III  
11834 SW 102<sup>ND</sup> STREET  
MIAMI, FL 33186

**AUTHORIZED MEMBER**

RICHARD A. ROUTH  
11834 SW 102<sup>ND</sup> STREET  
MIAMI, FL 33186

**MANAGER**

CAROLINA ROUTH  
11834 SW 102<sup>ND</sup> STREET  
MIAMI, FL 33186

**ARTICLE V**

The name and Florida street address of the registered agent shall be:

CAROLINA ROUTH  
11834 SW 102<sup>ND</sup> STREET  
MIAMI, FL 33186

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**DOYDYNASTY INVESTMENTS, LLC**

2014 JAN - 6 AM 8:29  
STATE OF FLORIDA  
SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

*Paulina Routh*

Signature of Registered Agent

*Bert E Routh III*

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

**BERT E. ROUTH III**

Typed or printed name signee