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SECRETARY OF STATE INVISION OF CORPORATIONS

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T SCHROEDER

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 728537 4357739 AUTHORIZATION : COST LIMIT : \$ (125:00 ORDER DATE: July 30, 2015 ORDER TIME : 10:21 AM ORDER NO. : 728537-005 CUSTOMER NO: 4357739 DOMESTIC FILING NAME: PARTNER TEK OF FLORIDA, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

___ CERTIFIED COPY
___ PLAIN STAMPED COPY

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

1201 Hays Street

COVER LETTER

| то: | Registration Section Division of Corporations | | | | | | |
|-------------|---|-------------------|---|--|--|--|--|
| SUBJEC | Partner Tek of Florida, LLC | | | | | | |
| SUBJEC | Name of | Limited Liabili | ity Company | | | | |
| The encl | osed Articles of Organization and fee(s | i) are submitted | for filing. | | | | |
| Please re | eturn all correspondence concerning this | s matter to the f | ollowing: | | | | |
| | Jay Zabel | | | | | | |
| | | Name of | Person | | | | |
| | Jay Zabel & Associates, Ltd | | | | | | |
| | | Firm/Co | mpany | | | | |
| | 55 W. Monroe St., Suite 3950 | | | | | | |
| | Firm/Company 55 W. Monroe St., Suite 3950 Address Chicago, IL 60603 | | | | | | |
| | Chicago, IL 60603 | | | | | | |
| | graham@zabellaw.com | City/State and | d Zip Code | | | | |
| | E-mail address: (to be u | sed for future a | nnual report notification) | | | | |
| For further | r information concerning this matter, pl | ease call: | | | | | |
| | Jay Zabel | 312 | 201-9800 | | | | |
| | Name of Person | Area Code | Daytime Telephone Number | | | | |
| Enclosed | is a check for the following amount: | | | | | | |
| | Filing Fee \$130.00 Filing Fee & Certificate of Status | LlCertifie | 0 Filing Fee & \$160.00 Filing Fee, ced Copy Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabilit | y Company is: | | | |
|---|---|---|---|---|
| Partner Tek of Florid (Must end | a, LLC with the words "Limited" | Liability Company, | "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street ad | ddress of the principal of | fice of the Limited I | iability Company is: | |
| <u>Princip</u> | al Office Address: | | Mailing Ad | ldress: |
| 245 Ambrogio Dr. | | | mbrogio Dr. | |
| Gumee, IL 60031 | | Gumo | ee, IL 60031 | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street: | cannot serve as its own I active Florida registration | Registered Agent. Y) | | individual or |
| The name and the Florida street | | | | |
| | Corporation Service C | Ompany Name | | |
| | 1201 Hays Street | | | |
| | Florida street address | (P.O. Box NOT acc | ceptable) | |
| | Tallahassee, FL 32301 | | | |
| | City | State | Zip | |
| Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob | I hereby accept the appoing ovisions of all statutes relations of my position and Corporation Scry By: | intment as registered ating to the proper a s registered agent as | l agent and agree to a and complete performe provided for in Chap | ct in this capacity. I ance of my duties, and I |
| | | (CONTINUED) | | ⊸ ~ |
| | | Page 1 of 2 | | SEC |

15 III 30 AV II. 2

| Title: | Name and Address: | |
|--|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | | |
| AMBR | Jeffrey Gundelach | |
| | 245 Ambrogio Dr. | |
| | Gumee, IL 60031 | |
| AMBR | Steven Miedona | |
| | 245 Arabrogio Dr. | |
| | Gurnee, IL 60031 | |
| AMBR | Randy Way | |
| | 245 Ambrogio Dr. | |
| | Gurnee, IL 60031 | |
| AMBR | Michael Rice | |
| | 245 Ambrogic Dr. | |
| | Gurnee, IL 60031 | |
| n effective date is listed, the date must be late of filing.) e: If the date inserted in this block does no | specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not | |
| TICLE V: Effective date, if other than the d an effective date is listed, the date must be date of filing.) | specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not | |
| TICLE V: Effective date, if other than the dan effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department of the Dep | specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not | |
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| FICLE V: Effective date, if other than the d in effective date is listed, the date must be date of filing.) e: If the date inserted in this block does not document's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not not of State's records. | |
| TICLE V: Effective date, if other than the dan effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department of the Dep | specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not | |
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| TICLE V: Effective date, if other than the dan effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department of the Dep | specific and cannot be more than five business days prior to or 90 of mee; the applicable statutory filing requirements, this date will not not of State's records. The applicable statutory filing requirements, this date will not not of State's records. The applicable statutory filing requirements, this date will not not of State's records. | |
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| TICLE V: Effective date, if other than the date of filing.) te: If the date inserted in this block does not document's effective date on the Departme TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exel am aware that any faconstitutes a third deg \$125.00 Filing Fee for Articles of O | specific and cannot be more than five business days prior to or 90 of mee; the applicable statutory filing requirements, this date will not not of State's records. The member of an authorized representative of a member cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent | |
| TICLE V: Effective date, if other than the dan effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department of the Dep | specific and cannot be more than five business days prior to or 90 of mee; the applicable statutory filing requirements, this date will not not of State's records. The member of all authorized representative of a member of maccordance with section 605.0203 (1) (b), Florida Statutes are felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent | |

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