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SECRETARY OF STAFE TALLAHASSEE, FLORIGE

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COVER LETTER .. TO: Registration Section **Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company RIVEYSINK ROAD CVAW fordville, FL 32327

City/State and Zip Code E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: TEddy Tollst at (850) 459-1300
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$130.00 Filing Fee &

Certificate of Status

Street Address

\$155,00 Filing Fee &

(additional copy is enclosed)

Certified Copy

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	١.	Name:
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The name of the Limited Liability Company is:

Flow Movement Arts L.L. C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1033 Commercial DR	151 RIVERSINK Rd
TALLAHASSEE FL	crawfordulls, FL
723/0	32327

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

151 RIVEVSINK RS

Florida street address (P.O. Box NOT acceptable)

Crawfordville, FL 32327

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appositional registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes 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 as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = A "MGR" = Ma	uthorized Member nager	Name and Address:	
_M.G	R	Alexis Barnett 151 Riversink Road Erawforduille, FL 32327	
			15 N
ICLE V: Effective	ent if necessary) c date, if other than the date of isted, the date must be specified.	of filing: (OPTIONAL) eific and cannot be more than five business days prior to or 90	15 NOV -9 PM 5
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