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TVECTORY SECTION AND STATE

| COVER LETTER | |
|--|---------------|
| TO: Registration Section Division of Corporations | 16 OCT |
| SUBJECT: Drake Holdings II, UC Name of Limited Liability Company | -3 Fii 2: 42 |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | ۲ <u>.</u> |
| Please return all correspondence concerning this matter to the following: | |
| Amiee Buins | |
| Name of Person | |
| Adit Financial Services, LCC Firm/Company | |
| 4581 Weston Road # 377 | |
| City/State and Zip Code Durns C Qew MC. Com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Pebeces Adulman at (901) 529 9313 Name of Person Area Code Daytime Telephone Number | |
| (additional copy is enclosed) Certified Co | of Status & |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Wiston Pd #377 Wiston Ft 33331 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 emity with an active Florida registeration.) The name and the Florida street address of the registered agent are: ALG Financial Service UCC Name VSH Wiston Road #377 Florida street address (P.O. Box NOT acceptable) Wiston Financial Service 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 appointment as 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 603, F.S. (CONTINUED) (CONTINUED) | ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|--|--|------------------------------------|---|
| The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: | Drake Holdings IF, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | |
| 4581 Weston Rd # 377 Weston, FL 33331 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: ALG Financial Service, UC Name 4581 Weston, FL 33331 The name and the Florida street address of the registered agent are: ALG Financial Service, UC Name 4581 Weston, FL 33331 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, 1 hereby accept the appointment as 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) | ARTICLE II - Address: | | |
| 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: AtG Financial Service UC Name USN Wiston food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address of the registered agent add to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as 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) | Principal Office Address: Mailing Address: | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent, You must designate an individual or another business entity with an active Florida registered agent are: AtG Financial Service UC Name USN Wiston food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address (P.O. Box NOT acceptable) Wiston Food # 377 Florida street address of the 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 so Signature (REQUIRED) | 4581 Weston Rd #377 4581 Weston Roa | d#37 | 7 |
| The name and the Florida street address of the registered agent are: ALG Financial Service Lice Name 1581 Wiston Road # 377 Florida street address (P.O. Box NOT acceptable) With State 2ip 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 appointment as 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. (CONTINUED) | Weston, FL 33331 Weston, FL 3 | 3331 | |
| Florida street address (P.O. Box NOT acceptable) WCHW FL 3333/ 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 appointment as 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) | (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individ another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: | lual or | |
| Florida street address (P.O. Box NOT acceptable) WCHW FL 3333/ 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 appointment as 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) | AGG Financial Services, UC | | |
| Florida street address (P.O. Box NOT acceptable) WCHW FL 3333/ 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 appointment as 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) | Name | | |
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| (CONTINUED) | | 1 | S co |
| (CONTINUED) | Registered Agent's Signature (REQUIRED) | 000 | <u> </u> |
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| Page 1 of 2 | Page 1 of 2 | FS | 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| MGR | Fauna Drake 10387 Ronald Road Nemphis, IN 38120 |
| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) | e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be |
| LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Departr | not meet the applicable statutory filing requirements, this date will not be |
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