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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2019 DEC 19 PM 3: 24 SÉCRETARY OF STATE TALLAHASSEE, FL

• COVER LETTER

TO:	Registration S Division of Co			
SUBJE	MKME	. LLC		
., 6 1301		Name of Limite	ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	oondence concerning this matt	er to the following:	
	Aaron B. Flinn			
			Name of Person	
	Waller Lansden	Dortch & Davis LLP		
			Firm/Company	
	511 Union Stree	et, Suite 2700		
			Address	
	Nashville, TN	37219		
			y/State and Zip Code	
-	aaron.flinn@wa		or future annual report notification)	
For fur	ther information	concerning this matter, please		
Aaron	B. Flinn		615 850-8866	
	Name	of Person	at ()	ne Number
Enclos	sed is a check f	or the following amount:		
⊠ 1\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

arrectes of organization of	on bonda elviried elab	alli i com avi
ARTICLE I - Name: The name of the Limited Liability Compa	ny is:	
MKME, LLC		
(Must end with the words "Limite	ed 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:	
320 Starling Lane	320 Starling Lane	
Franklin, TN 37064	Franklin, TN 37064	
		
ARTICLE III - Registered Agent, Registreed Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the page of the	m Registered Agent. You must designate an it	
360 Blue, LLC	Name	
	. varie	
790 North County Highw		
	treet address (P.O. Box <u>NOT</u> acceptable)	1
	isa Beach, FL 32459	
	City, State, and Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this all statutes relating to the proper and cand accept the obligations of my position.	ted in this certificate, I hereby accest capacity. I further agree to complete performance of my duties,	ept the appointment as ly with the provisions of and I am familiar with
$\left(\begin{array}{c} \\ \\ \end{array}\right)_{i\in C}$	S Signature (REQUIRED) ONTINUED) age 1 of 2	2019 DEC 19 PH 3: 24 SECREJARY OF STATE TALLAHASSEE, FL

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Manager "MGRM" = Managir	ia Member		
MORNI – Managn	ig wiember		
MGR		David P. Clement	
		320 Starling Lane	
		Franklin, TN 37064	
			
			-
effective date is listed	e, if other than the c	date of filing:	(OPTIONA re than five busine
CLE V: Effective date is listed or 90 days after the REQUIRED SIGNA	e, if other than the od, the date must be date of filing.) ATURE:	date of filing: be specific and cannot be more or an authorized representative of a	re than five busine
CLE V: Effective date effective date is listed to or 90 days after the REQUIRED SIGNATE Signature (In accordance)	e, if other than the of d. the date must date of filing.) ATURE: mature of a member more with section 608.4 an affirmation under that any false informa	be specific and cannot be mor	of this document ated herein are true.
CLE V: Effective date effective date is listed to or 90 days after the REQUIRED SIGNATE Signature (In accordance on stitutes)	c, if other than the cod, the date must be date of filing.) ATURE: nature of a member nee with section 608.4 an affirmation under that any false informal a third degree felony abovid P. Clement	or an authorized representative of a 408(3). Florida Statutes, the execution he penalties of perjury that the facts station submitted in a document to the Deas provided for in 8.817.155, F.S.)	of this document ated herein are true.
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