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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status_ Special Instructions to Filing Officer.

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WOR-31324



17316 81st Lane North, Loxahatchee, Florida 33470 www.originn.com

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02 NOV 20 PM 3: 16

CEURLIARI OF STATE TALLAHASSEE, FLORIDA

October 27, 2002

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Registration of ARTICLES OF ORGANIZATION

To Whom It May Concern:

Please accept and register the enclosed ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY for Originn.

For questions or problems, please contact:

Joseph F. Vasco, Sr. 17316 81st Lane North Loxahatchee, FL 33470 (561) 837-6830

Respectfully yours,

William A. Friend

Manager

cc: file



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

FILED

02 NOV 20 PM 3: 16

SEUNETANY OF STATE
TALLAHASSEE, FLORIDA

October 31, 2002

JOSEPH F. VASCO, SR. 17316 81ST LANE NORTH LOXAHATCHEE, FL 33470

SUBJECT: ORIGINN

Ref. Number: W02000031324

We have received your document for ORIGINN and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 402A00059832

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: ORIGINN L.L.C.

02 NOV 20 PM 3: 16 SEURLIANT UT STATE TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 17316 81ST LANE NORTH, LOXAHATCHEE, FL 33470

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

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

JOSEPH F. VASCO, SR.	
Name	
17316 81ST LANE NORTH	ĭ
Florida street address (P.O. Box NOT acceptable)	
LOXAHATCHEE, FL 33470 FL	
City, State, and 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 608, F.S.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM A. FRIEND

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)