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SECRETARY OF STATE FALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: A + A HOLDINGS, LLC (Name of Limited Liability Company) |
| (Name of Limited Liability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Stephen R. Ater (Name of Person) |
| |
| A+A HOLDINGS, LLC (Firm/Company) |
| 79 CA 1/2 N. 10 DA #7/7 |
| 3959 Van Dyke Rd #267 (Address) |
| LUTZ, FL 33558 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| DOUGLAS J. MORTELLARa at (813) 909-4211 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|---|
| A+A HOLDINGS, L | LC |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3959 VanDyke RD #267 LUTZ, FL 33558 | SAME |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re | |
| Stephen R. Name | Ater |

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 208, F.S..

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

33558

Registered Agent's Signature

(CONTINUED)

Name and Address:

(Use attachment if necessary)

Title:

"MGR" = Manager

"MGRM" = Managing Member

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)