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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO:	Registration Division of C						
SUBJ	ECT:	WHY	KNOT	ENTERPR	ISES, LLC		
	<b>V</b>		(1)	lame of Limite	ed Liability Comp	oany)	
The en	iclosed Articles	of Orga	nization a	and fee(s) are s	submitted for filin	ıg.	
Please	return all corre	sponde	ice concei	ming this matt	er to the following	g:	
			····		. Buck, Acco	ountant	
				Naples, F	如形形成rson) L 34109		
		<u></u>			(Firm/Company)		
	<del></del>	<del></del>		·	(Address)	<u> </u>	<del></del>
				(City	/State and Zip Code	<del>;</del> )	
For fur	ther information	Buci	, Acco	untant		<b>(14</b>	Và Vu
	Naples Naples	ger n Lo84r	u. :09		at ( 239 (Area Cod	)	elephone Number)
Enclos	ed is a check f			g amount:			
\$125	.00 Filing Fce			Filing Fee & f Status		y	\$160.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis	stration ion of (	DDRESS Section Corporations Surget		:	MAILING A Registration S Division of Co P.O. Box 6327	ection rporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
WHY KNOT ENTERPRISES, LLC						
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
12660 EAGLE POINT CIRCLE FT MYERS, FL 33913	P.O. BOX 7389 NAPLES, FL 33911					
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r ROBERT E. BOD	egistered agent are:					
Name						
12660 EAGLE POI	NT CIRCLE					
Florida street add	ress (P.O. Box NOT acceptable)					
FT. MYERS. City, State, a	FL 33913 nd Zip					
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as in I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S					

(CONTINUED)

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

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

IGRM" = Managing Member	
MGR	ROBERT BODINE
	12660 EAGLE POINT CIRCLE FT. MYERS, FL 33913
e attachment if necessary)	
	nust 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.)

Typed or printed name of signee

Filing Fees:

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

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