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Division of Corporations

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Florida Department of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : MICHAEL A. PYLE, P.A.
Account Number : I20000000053
Phone : (904) 615-9007
Fax Number : (904) 676-2615

LIMITED LIABILITY COMPANY

Nail & Hammer, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION**OF****NAIL & HAMMER, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I. NAME

The name of the Limited Liability Company is: Nail & Hammer, LLC

ARTICLE II. ADDRESS

The street address and the mailing address of the principal office of the Company is: 913 Nixon Lane, Port Orange, Florida 32119.

ARTICLE III. REGISTERED OFFICE AND AGENT

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

Michael A. Pyle
1265 W. Granada Blvd., Suite 1
Ormond Beach, Florida 32174

ARTICLE IV. MANAGEMENT

This company is to be a manager-managed company.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 16th day of August, 2000.


Michael A. Pyle
Authorized Representative

(In accordance with Section 608.408(2), *Florida Statutes*, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, *Florida Statutes*.



Michael A. Pyle
Registered Agent

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