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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663 O MOV 13 PM 5: 00
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OO NOV 13 PM 4: 36 DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Acme Holdings, LLC

Certificate of Status	O O
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

LOO-13955

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ARTICLES OF ORGANIZATION OF ACME HOLDINGS, LLC

ARTICLE I - NAME

The name of this Limited Liability Company is Acme Holdings, LLC (the "Company").

ARTICLE II - ADDRESS

The address of the principal office and the mailing address of the Company is 9250 Baymeadows Road, Suite 220, Jacksonville, Florida 32256.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 9250 Baymeadows Road, Suite 220, Jacksonville, Florida 32256, and the name of its initial registered agent at such address is Robert L. Crawford.

ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company will be manager-managed.

IN WITNESS WHEREOF, the undersigned person has executed these Articles of Organization this 13th day of November., 2000.

ACME HOLDINGS, LLC

Robert L. Crawford

Member

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1) The name of the limited liability company is:

Acme Holdings, LLC

2) The name and address of the registered agent and office are:

Robert L. Crawford 9250 Baymeadows Road, Suite 220 Jacksonville, FL 32256

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.

Robert L. Crawford

Date: 11 - 13 - 00

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