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December 1, 2000

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

S Cube LLC

Filing Evidence

☐ Plain/Confirmation Copy

☒ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

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-12/04/00--01005--007
****155.00 ****155.00

NEW FILINGS

Profit

Non Profit

X Limited Liability

Domestication

Other

AMENDMENTS

Amendment

Resignation of RA Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

OTHER FILINGS

Annual Reports

Fictitious Name

Name Reservation

Reinstatement

REGISTRATION/QUALIFICATION

Foreign

Limited Liability

Reinstatement

Trademark

Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

*DB
12-4-00*

**ARTICLES OF ORGANIZATION
OF S CUBED L.L.C.**

The undersigned, acting as the organizing Member of this limited liability company pursuant to Chapter 608 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for said limited liability company:

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

The name of this limited liability company shall be S CUBED L.L.C.

ARTICLE II - PERIOD OF DURATION

The period of duration of this limited liability company shall commence upon the filing of these Articles and shall continue until dissolved pursuant to Chapter 608 of the Florida Statutes.

ARTICLE III - MAILING ADDRESS AND PRINCIPAL OFFICE

The mailing address of this limited liability company shall be 1727 Persimmon Dr., Naples, Fl. 34108. The street address of the principal office of this limited liability company shall be 1727 Persimmon Dr., Naples, Fl. 34109.

ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The initial street address of the registered office of this limited liability company in the State of Florida shall be 1727 Persimmon Dr., Naples, Fl. 34109. The Members may from time to time move the registered office to any other address in Florida. The name of the initial registered agent of this limited liability company at that address is SHANNON A. SMITH. The Members may from time to time designate a new registered agent.

ARTICLE V - MANAGEMENT

This limited liability company shall be managed by the Members of this limited liability company. The name and address of the initial Member is as follows:

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Name
SHANNON A. SMITH

Address
1727 Persimmon Dr.
Naples, Florida, 34109

ARTICLE VI - NEW MEMBERS

Additional persons may be admitted to this limited liability company as Members only with the prior written consent of all of the existing Members.

ARTICLE VII - CONTINUATION

This limited liability company shall not dissolve upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in this limited liability company.

ARTICLE VIII - PURPOSE

The general purpose for which this limited liability company is organized shall be to conduct and transact any and all lawful business authorized or not prohibited by Chapter 608 of the Florida Statutes, as the same may be from time to time amended.

ARTICLE IX - INDEMNIFICATION

This limited liability company shall indemnify the Members, or any former Member, to the full extent permitted by law.

ARTICLE X - ORGANIZING MEMBER

The name and address of the Member of the limited liability company signing these Articles of Organization are:

Name
SHANNON A. SMITH

Address
1727 Persimmon Dr.
Naples, Fl. 34109

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IN WITNESS WHEREOF, the undersigned Member has made and subscribed these Articles of Organization at Naples, Florida this 29th day of November, 2000.


SHANNON A. SMITH

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent for the above-described limited liability company, at the place designated in the foregoing Articles of Organization, I hereby accept such designation and agree to act in such capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent. I am familiar with, and accept the duties and obligations of, Fla. Stat. § 608.415.

Date: November 29, 2000


SHANNON A. SMITH

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