

LO1000004740

03/21/2001

MJH

To Whom it may concern:

I am including my personal information along with my articles of organization and my check.

Candy Kobacker  
C/o AffirmationsPlus  
4208 Lynn Ora Drive  
Pensacola, Florida 32504  
(850) 476-1296

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01 MAR 23 PM 5:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: AFFIRMATIONS PLUS, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

AFFIRMATIONS PLUS      AFFIRMATIONS PLUS  
4208 LYNNORA DR.      PO BOX 30  
PENSACOLA, FL 32504      OR PENSACOLA, FL 32591

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CANDICE J. KOBACKER  
Name  
4208 LYNNORA DRIVE  
Florida street address (P.O. Box NOT acceptable)  
PENSACOLA      FL      32504  
City, State, and Zip

*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 608, F.S..*

CANDICE J. KOBACKER  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

CANDICE J. KOBACKER  
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.)

CANDICE J. KOBACKER  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)