

L01000016883

ATCO Management Group, LLC
PO Box 800614
Aventura, FL 33280

Date: September 27, 2001

Registration section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Attention: registration attendant

500004618465--6
-10/01/01--01075--010
****125.00 ****125.00

Dear Sir or Madam,

Please be advised that we are registering our business in the name of ATCO. Below is the information pertaining to our registration:

ATCO Management Group, LLC
Mailing address: P. O. Box 800614
Aventura, FL 33280

Company Address: 6240 NW 173rd ST #1031
Miami, FL 33015
(305) 558-6963
(305) 546-4093

Sincerely,



A J Spiers
Manager and Co-Founder

FILED
01 OCT -1 PM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mt

16/3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATCO management Group, LLC

ARTICLE II - Address:

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

P.O. Box 800614, Aventura, FL 33280

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

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

Cantina Higgs
Name

841 NE 207th Lane #203

Florida street address (P.O. Box NOT acceptable)

Miami FL 33179
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.

Cantina Higgs

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)

Algenus J. Spiers
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.)

Algenus J. Spiers

Typed or printed name of signee

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)

FILED
01 06 - 1 PM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA