

LO1000019191

The KABOT Group, LLC

10929 West Broward Boulevard

Plantation, Florida 33324

Phone: 954-476-0506

Fax: 954-723-0408

Email: gakabot@mediaone.net

November 1, 2001

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

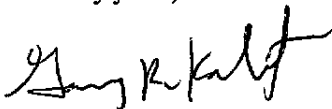
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****160.00 ****160.00

Re: Attila Distribution, LLC

Dear Sir or Madam:

Enclosed please find Articles of Organization for the above-referenced limited liability company. Also enclosed is Check # 1151 in the amount of \$160.00 for the (i) Filing Fee of \$100.00, (ii) Registered Agent Fee of \$25.00, (iii) Certified Copy Fee of \$30.00, and (iv) Certificate of Status Fee of \$5.00. I would appreciate a certified copy of the filed Articles of Organization at your earliest convenience. Please call the number above if you have any questions or comments.

Sincerely yours,



Gary R. Kabot

Enc.

FILED
01 NOV -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO1-19191



ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

Article I - Name:

The name of the Limited Liability Company is:

Attila Distribution, LLC

Article II - Address:

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

10929 West Broward Boulevard
Plantation, Florida 33324

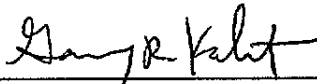
Article III - Registered Agent, Registered Office & Registered Agent's Signature:

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

Gary R. Kabot
10929 West Broward Boulevard
Plantation, Florida 33324

Article IV - Management (Check Box is Applicable):

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



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.)

Gary R. Kabot, Member

Typed or printed name of signee

FILED
01 NOV -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

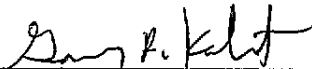
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: **Attila Distribution, LLC**
2. The name and the Florida street address of the registered agent and office are:

Gary R. Kabot
10929 West Broward Boulevard
Plantation, Florida 33324

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, Florida Statutes.



(Signature)

FILED
01 NOV -5 PM 5: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA