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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ESOP Alliance, LLC  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certified Copy

☒ Certificate of Status

**NEW FILINGS**

☐ Profit

☒ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 27 PM 1:25

APPROVED  
AND  
FILED

RECEIVED  
01 DEC 27 AM 11:00  
Examiner's Initials

# ARTICLES OF ORGANIZATION OF ESOP ALLIANCE, LLC

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

## ARTICLE I - NAME

The name of this Limited Liability Company is ESOP ALLIANCE, LLC.

## ARTICLE II - MAILING ADDRESS

The mailing address of the principal office of ESOP ALLIANCE, LLC, is P.O. Box 622127, Oviedo, Florida 32765, and the street address of the principal office of ESOP ALLIANCE, LLC, is 1235 Elm Street, Oviedo, Florida 32765.

## ARTICLE III - DURATION

The period of duration for ESOP ALLIANCE, LLC shall be perpetual from the date of filing these Articles with the Department of the State, except for the limitations set out in Florida Statutes Section 608.441.

## ARTICLE IV - REGISTERED AGENT & OFFICE

The name of the initial registered agent is JOHN A. CREEKMORE. The street address of the initial registered agent is 1235 Elm Street, Oviedo, Florida 32765.

## ARTICLE V - ADDITIONAL MEMBERS

Additional members to the Company may be admitted, but only if all the current members agree to the admission of the additional members and to the terms of admission.

## ARTICLE VI - TERMINATION OF MEMBERSHIP

If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in ESOP ALLIANCE, LLC, the remaining members may, by unanimous agreement, continue the business of ESOP ALLIANCE, LLC.

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## ARTICLE VII - MANAGEMENT

ESOP ALLIANCE, LLC is to be managed by a manager and the name and address of the individual who will serve as the manager is:

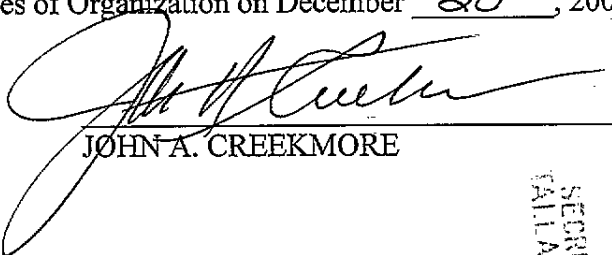
JOHN A. CREEKMORE
1235 Elm Street Oviedo, Florida 32765

This initial manager shall serve until a successor manager(s) is qualified and elected as prescribed by and provided in the regulations of the Company. The manager shall also hold the office and have the responsibilities accorded to him/her by the members set out in the regulations of the Company.

## ARTICLE VIII - REGULATIONS

The members shall have the power to adopt, alter, amend, or repeal regulations of ESOP ALLIANCE, LLC.

The undersigned executed these Articles of Organization on December 20, 2001.

  
JOHN A. CREEKMORE

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE  
FOR ESOP ALLIANCE, LLC**

PURSUANT TO THE PROVISIONS OF FLORIDA STATUTES SECTION 608.415,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY 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 ESOP ALLIANCE, LLC.
2. The name and address of the registered agent and office is as follows:

JOHN A. CREEKMORE  
1235 Elm Street  
Oviedo, Florida 32765

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.

  
JOHN A. CREEKMORE

12/20/01  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED