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ACCOUNT NO. : 072100000032

REFERENCE: 405909 7320365

AUTHORIZATION:

COST LIMIT :

ORDER DATE: February 20, 2002

ORDER TIME: 3:31 PM

ORDER NO. : 405909-001

CUSTOMER NO: 7320365

800005002488--6

CUSTOMER: Mr. Gary T. Taylor

Mr. Gary T. Taylor

1942 Nw 171 Avenue

Pembroke Pines, FL 33028

DOMESTIC FILING

SUNSHINE STATE SALES ASSOCIATION, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT - EXT. 1156

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ΕI	- Na	ame:
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The name of the Limited Liability Company is:

SUNSHINE STATE SALES ASSOCIATION, LLC

ARTICLE II - Address:

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

1942 NW 171 AVENUE, PEMBROKE PINES, FL 33028

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

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

Corporation S	ervice Company
Name	2
1201 Eas	vs Street
Florida street address (P.O.	
Tallahassee	FL 32301
City, State,	

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.

Corporation Service Company Deborah D. Skipper Asst. V. Pres.

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)

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.)

DEBORAH D. SKIPPER

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)

SUNSHINE STATE SALES ASSOCIATION, LLC

MEMBER LIST

GARY T. TAYLOR 1942 NW 171 AVENUE PEMBROKE PINES, FL 33028

TOM DELLOLIO 13G LEXINGTON LANE E PALM BEACH GARDENS, FL 33410

SXK

02 FEB 25 AM 8: 35 SECRETARY OF STATE

APPROVEI

FES, -10" 02 (WED) 16:49

GSC TALL

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LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SUNSHINE STATU SALES ASSOCIATION, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this

day of

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CACU-

Print Name of Signor

WITNESS:

Botti adams

Signature

Den Manual Statemen

WITNESS

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Print Name of Withean

DEFERENARY OF STATE

HE LLC DELLIMITED POWER OF ATTORNEY DUDG (RELECATE)