02000022784 Roger B. Green Post Office Box 106 Port Salerno, FL 34992-0106 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Photocopy ☐ Certificate of States Mail out ☐ Will wait **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report ☐ Foreign ☐ Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Dow Orgaley, LTO. Co.
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
1/20 S.E. Burrownood on STUBAT FL 3499-
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
NOSER S. TREET
Name
1120 SE. BUTTONWOOD IR.
Florida street address (P.O. Box NOT acceptable)
STUTET FL 34997
City, State, and Zip
TY
Having been named as registered agent and to accept service of process for the above stated limited
uability 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 goree 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.
- Jogues from
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)
Simulation of the same of the
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.)
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Typed or printed name of signee
7 13 peer of bruneed traine of signee
Filing Fees:
V
0.100 0.00 7777

\$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)