

LO2000028680

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000218654 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

DIVISION OF CORPORATIONS

02 OCT 28 PM 4:57

RECEIVED

LIMITED LIABILITY COMPANY

ROWCREEK DISTRIBUTORS INTERNATIONAL LLC

SECRET OF STATE
TALLAHASSEE, FLORIDA

02 OCT 28 PM 4:59

FILED

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

H02000218654

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RowCreek Distributors International LLC

ARTICLE II - Address:

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

2172 Platinum Road, Suite H
Apopka, Florida 32703

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

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

Walter C. Ferguson
Name
9110 Brookline Drive
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32819
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.

Walter C. Ferguson
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Walter C. Ferguson
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.)

WALTER C. FERGUSON
Typed or printed name of signer

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
02 OCT 28 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H02000218654