#3504 P.001/002

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : TRUMAN J. COSTELLO, P.A.

Account Number : 120020000024 Phone : (941)939-2222

Fax Number : (941)939-2280

LIMITED LIABILITY COMPANY

Name 🗭 Availahility Document Examiner Updater Verifyer DUC DCC .cl.no..ledgement P. Verifyer 200

Certificate of Status Certified Copy Page Count Estimated Charge

Sally Anne, LLC

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ARTICLES OF ORGANIZATION OF SALLY ANNE, LLC

The undersigned, being authorized to execute and file these articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is: Sally Anne, LLC

ARTICLE II - Address

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

12670 New Brittany Blvd. Ste. 101, Fort Myers, FL 33907

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

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

Truman J. Costello, esquire 12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

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..

ruman/i. Costello, registered agen

Duman V. Costello, authorized representative