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

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

AND
FILED
03 JUL 21 PM 1:11
STATE OF FLORIDA
TALLAHASSEE

RECEIVED
03 JUL 21 PM 12:55
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Everglades Investment Advisors, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

JB
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JUL-21-2003 12:52pm
JUL-21-2003 11:00PM

From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-848 P-002/002 F-468

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Everglades Investment Advisors, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4613 N. University Drive, #294, Coral Springs, FL 33067

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

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

Agents and Corporations, Inc.
Suite E, 773 4th Avenue North
Naples, FL 34102

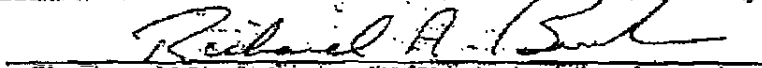
Having been named as registered agent and to accept services of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Registered Agent's Signature

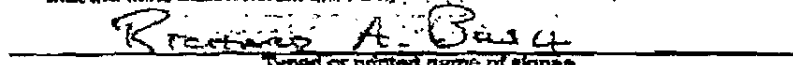
ARTICLE IV - Management (Check box if applicable.)

☐ 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)


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.)


Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 21 PM 1:11

FILED
AID