

**L03000033978**

Florida Department of State  
Division of Corporations  
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From: Account Name : HOLLAND & KNIGHT  
Account Number : 072100000016  
Phone : (813)227-8500  
Fax Number : (813)229-0134  
K. Wheeler

**LIMITED LIABILITY COMPANY**

**Semme Holdings, LLC**

Certificate of Status	0
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H03000271379 7

ARTICLES OF ORGANIZATION  
OF  
SEMME HOLDINGS, LLC

The undersigned authorized representative of the Members of a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby submit the following Articles of Organization:

ARTICLE I. NAME

The name of the company shall be Semme Holdings, LLC.

ARTICLE II. DURATION

The period of the company's duration shall commence on the date of filing of these Articles of Organization and shall exist perpetually, unless terminated in accordance with the company's operating agreement.

ARTICLE III. PURPOSE

The purpose for which the company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV. STREET ADDRESS OF PRINCIPAL OFFICE

The street address of the principal office of the company shall be:

10234 Charleston Corner Rd.  
Tampa, Florida 33635

ARTICLE V. MAILING ADDRESS

The mailing address of the Company shall be:

P.O. Box 262743  
Tampa, Florida 33685

ARTICLE VI. REGISTERED AGENT

The name and street address of the initial registered agent of the Company in the State of Florida is:

Chris Malcom  
10234 Charleston Corner Rd.  
Tampa, Florida 33635

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H03000271379 7

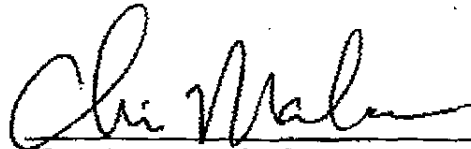
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A written statement as prescribed by the Florida Department of State pursuant to Section 608.415, Florida Statutes, is attached to these Articles of Organization.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has executed these Articles of Organization on this 9<sup>th</sup> day of September, 2003.



Chris Malcom, Authorized  
Representative of the Members

Registered Agent Acceptance

*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 relative 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.*



(Signature of Registered Agent) Chris Malcom

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H03000271379 7

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STATE OF FLORIDA  
TALLAHASSEE