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.

(((H03000286589 4)))

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 : C.R. COOPER, CPA, PA

Account Number : 120000000105

Phone : (561) 432-0008 Fax Number : (561) 433-3596

LIMITED LIABILITY COMPANY

LYNN & VROD, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

03 SEP 30 AM 8: 11

03 SEP 29 AM 9: 38

A WE

5614333596

(((H03000286589 4)))

ARTICLES OF ORGANIZATION OF LYNN & VROD, LLC

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is LYNN & VROD, LLC

ARTICLE II

This limited liability company shall have perpetual existence from the effective date of filing these articles with the department of state unless sooner terminated as provided in the Operating Agreement.

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 319 CLEMATIS STREET STE 610, WEST PALM BEACH, Fl. 33401. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is KATE LYNN, 319 CLEMATIS STREET STE 610, WEST PALM BEACH, Fl. 33401.

ARTICLE V

The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 25TH day of SEPTEMBER YEAR.

HATE I VIN

Authorized Representative of a Member

(((H03000286589 4)))

(((1103000286589 4))) CERTIFICATE DESIGNATING REGISTERED OFFICE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Chapter 48.061 and Chapter 608.407 Florida Statutes, the following is submitted:

That LYNN & VROD, LLC, a Florida limited liability company, with its registered office at 319 CLEMATIS STREET STE 610, WEST PALM BEACH, Fl. 33401, has named KATE LYNN at such address as its initial registered agent to accept service of process within the state.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in the certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

(((H03000286589 4)))