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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

OLIVER'S, LLC

Certificate of Status	0
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10-29-03

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ARTICLES OF ORGANIZATION OF OLIVER'S, 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: OLIVER'S, LLC

ARTICLE II - Address

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

10801 Corkscrew Road #192, Estero, Florida 33928

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..


Truman J. Costello, registered agent

Truman J. Costello, authorized representative

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