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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

LIMITED LIABILITY COMPANY

BENJAMIN E. JOHNSON, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Pursuant to s.608.407, Florida Statutes)

ARTICLE I - NAME

The name of the Limited Liability Company is:

Benjamin É. Johnson, LLC

ARTICLE II - ADDRESS

The mailing and street address of the principal office is:

4643 Bartelt Road Holiday, FL 34690

ARTICLE III - REGISTERED AGENT

The name and address of the registered agent are:

Benjamin E. Johnson 4643 Bartelt Road Holiday, FL 34690

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.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

genjamin E. Johnson 4643 Bartelt Road Holiday, FL 34690

In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalities of perjury that the facis stated within are true.

Streame of Member/Manager