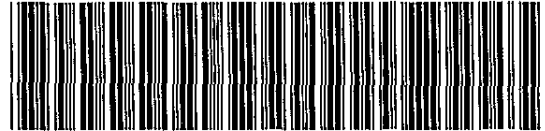


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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12/30/03--01039--018 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
03 DEC 30 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Brad Mathis LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brad Mathis
(Name of Person)

Brad Mathis LLC
(Firm/Company)

2002 Crescent Blvd
(Address)

Orlando, Fla 32817
(City/State and Zip Code)

For further information concerning this matter, please call:

Brad Mathis at (407) 947-5599
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brad Mathis LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

2002 Crescent Blvd
Orlando, Fla 32817

Mailing Address:

2002 Crescent Blvd
Orlando, Fla 32817

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

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

Brad Mathis

Name

13639 Wesleyan Blvd

Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32826

City, State, and Zip

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..

Brad Mathis

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Don Mathis
2002 Crescent Blvd
Orlando, Fla 32817

MGRM

Chad Mathis
2002 Crescent Blvd
Orlando, Fla 32817

MGRM

Brad Mathis
13639 Wesleyan Blvd
Orlando, Fla 32826

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Brad Mathis
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.)

Brad Mathis
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
03 DEC 30 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA