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| (Re                     | equestors   | s Name)              |          |
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| PICK-UP                 | v           | VAIT                 | MAIL     |
| (Bi                     | usiness E   | ntity Name           | )        |
|                         |             |                      |          |
| (Do                     | ocument i   | Number)              |          |
| Certified Copies        | _ Ce        | ertificates o        | f Status |
| Special Instructions to | Filing Off  | ficer:               |          |
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| Uodater                 | Office      | Use Only             |          |
| Up larer<br>Verifyer    | DC <b>C</b> | *                    |          |
| Acknowledgement         | DCC         |                      |          |
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STREET ADDRESS:

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

Registration Section Division of Corporations P.O. Bux 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                                       |                                    |                   |
|---|------------------------------------|-------------------|
| The name of the Limited Liability Company is:           |                                    |                   |
| KUSTY'S KEPAIR 16C                                      | e, in inch                         |                   |
|   |                                    |                   |
| ARTICLE II - Address:                                   |                                    |                   |
| The mailing address and street address of the principal | office of the Limited Liability Co | mpany is:         |
| Principal Office Address:                               | Mailing Address:                   |                   |
| 2519 CHURCHILL DOWNS RO                                 | 7519 CHURCHILL DOWNS               | Lo.               |
| SADAROM, FL 34241                                       | SARASOTA, FL3424                   | 7                 |
|   | ·                                  |                   |
|   |                                    |                   |
| ARTICLE III - Registered Agent, Registered Office       |                                    | re:               |
| The name and the Florida street address of the register | ed agent are:                      | <b>&amp;</b> 11.6 |
|   | _                                  | 品                 |
| THY COMPTROLLIERS,                                      | Dr.                                | C 22              |
| Name  |                                    | < i               |
| 200 CAPPI ISLES 14V                                     | D. STE. 2.                         | PH 7:             |
| Florida street address (P.O. Box N                      | OT acceptable)                     |                   |
| 1/100   | m d(700                            | <b>5</b>          |
| VENICE FI   | ORIDA 39292                        |                   |

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, Florida Statutes..

Registered Agent's Signature

ROUALD P. HOGARTH

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

| <u>Fitle:</u><br>'MGR" = Manager   | Name and Address:   |           |                                |
|--|---|-----------|--------------------------------|
| 'MGRM" = Managing Member   | GRAHAM M. ISARD<br>7519 CHUBCHILLDOWNS BO<br>5ARASOTA, FL 34241 | <br>      |                                |
|  |   | <br>,     | · #                            |
|  |   | <br>      | · .                            |
| <del></del>  |   |           | : . <sup>-</sup> .<br><u>u</u> |
| (Use attachment if necessary)  |   | O3 DEC ;  |                                |
| NOTE: An additional article must be added if an effective date is requested. |   | 22 PI     |                                |
| REQUIRED SIGNATURE:  | $m \mathcal{L}_{-1}$  | PH I2: 58 | 2 AC                           |
| Signature of a member or a   | n authorized representative of a member.                        |           | 3                              |

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)