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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : PARCORP SERVICES, LTD.

Account Number: I19990000011 Phone: (800)603-2533 Fax Number: (800)398-0461

LIMITED LIABILITY COMPANY

CLARK L. McKINNEY, LLC

Cortificate of Status	8
Certified Copy	0
Page Count	63
Estimated Charge	\$125.00

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Fax Audit No. (((H 04000001157 3)))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

CLARK L. MCKINNEY, LLC

Pursuant to s. 608,407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLARK L. MCKINNEY, LLC

ARTICLE II - Address:

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

10510 SNAKE RIVER CT., ORLANDO, FL 32825

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

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

CLARK L. MCKINNEY
Namo
10510 SNAKE RIVER CT
Florida street address (P.O. Box NOT ACCEPTABLE)
ORLANDO, FL 32825
City, State and Zire

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 accepting philipations of my position as registered agent as provided for in 608, P.S..

ARTICLE IV - Management (Check Box if Applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Signature of a member or authorized representative of a member.

(In accordance with section 608,408(3), Florida Statutes, the encention of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info; Percorp Services, Ltd. / David L. Surina 931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533 Fax Audit No. (((H 0400001157 3))) Fax Audit No. (((H 04000001157 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

CLARK L. McKINNEY, LLC

2	The name and Flor	ida etemet addreses	of the registered	l econt one
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	CLARK L. MCKINNEY	
	Name	
	10510 SNAKE RIVER CT	
1	Florida street address (P.O. Box NOT ACCEPTABLE)	
	ORLANDO, FL 32825	
	City, State and Zio	

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Registered Agent CLARK L. McKINNEY

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