

**L040000001037**

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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**

**ROBERT O. CURL, II, LLC**

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS

*Handwritten signature/initials*

**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: Robert O. Curl, II, LLC

**ARTICLE II - ADDRESS**

The mailing address of the principal office is: 6204 Brookshire Avenue  
New Port Richey, FL 34653

**ARTICLE III - REGISTERED AGENT**

The name and address of the registered agent are: Robert O. Curl, II  
6204 Brookshire Avenue  
New Port Richey, FL 34653

*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.*

  
Signature of Registered Agent 01/05/04

**ARTICLE IV - MANAGEMENT**

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

Robert O. Curl, II  
6204 Brookshire Avenue  
New Port Richey, FL 34653

*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 within are true.*

  
Signature of Member/Manager 01/05/04

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