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Certified Copies	_ Certificates	s of Status		
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· \ CORPORATE /	21	
ACCESS, 236 East 6th Avenue . Tallahussee, Florida 32303		
INC. P.O. Box 37066 (32315-706	56) ~ (850) 222-2666 or (800) 969-1666 . Fix (199) 222-1666	
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1.) Harley Management !	FLILLC	
2.) (CORPORATE NAME & DOCUMENT #)		
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(CORPORATE NAME & DOCUMENT #)	<u> </u>	
special instructions		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF OR	GANIZATION PR	.
FLORIDA LIMITED LIA	BILITY COMPANY	-
ARTICLE I - Name: The name of the Limited Liability Company is:	ABILITY COMPANY ABILITY COMPANY ABILITY STEEL	0
HARLEY MANAGEMENT FL, LLC	DATE OF	
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5 HILLSIDE AVE.	5 HILLSIDE AVE.	- ,
EXETER, NH 03833	EXETER, NH 03833	
ARTICLE III - Registered Agent, Registered O The name and the Florida street address of the regi	istored agent are:	
Name		
236 East. 6th Avenue Florida street address (P.O. B	30x NOT acceptable)	<u> </u>
Tallahassee.	32303	

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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED) Title:

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

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

Name and Address:

"MGR" = Manager "MGRM" = Managir	ng Member	
MGR		TODD A. WILSON
		5 HILLSIDE AVE.
		EXETER, NH 03833
MGR		JILL A. WILSON
		5 HILLSIDE AVE.
		EXETER, NH 03833
(Use attachment if no	ecessary)	
NOTE: An addition	nal article must be	added if an effective date is requested.
REQUIRED SIGNA	ATURE:	
(bu a v	uthorized representative of a member.
Signatur	e of a member or an a	uthorized representative of a member.
of this do	dance with section 608. cument constitutes an a acts stated herein are tn	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)
	UILL A	WILSON
	2) P 2 0 2 pt.	ALTERNATION AND AND STATEMENT

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)