

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : MICHAEL A. PYLE, P.A.  
Account Number : I20000000053  
Phone : (386)615-9007  
Fax Number : (386)676-2615

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**4156, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
4156, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I  
NAME**

The name of the Limited Liability Company is **4156, LLC**.

**ARTICLE II  
ADDRESS**

The street address and the mailing address of the principal office of the Company is **4757 S. Atlantic Avenue, #604, Ponce Inlet, Florida 32127**.

**ARTICLE III  
REGISTERED OFFICE AND AGENT**

The name and Florida street address of the registered agent is **James O. Shannon, 4757 S. Atlantic Avenue, #604, Ponce Inlet, Florida 32127**.

**IN WITNESS WHEREOF**, the undersigned Authorized Representative has executed these Articles of Organization on this 11 day of June, 2004.

  
**JAMES O. SHANNON**

**STATE OF FLORIDA  
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 11 day of June, 2004, by **JAMES O. SHANNON** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a \_\_\_\_\_ drivers license or ☐ \_\_\_\_\_ as identification.

  
Notary Public

**MICHAEL A. PYLE**

(Printed Name)

My Commission Expires: Expires December 03, 2007

My Commission DD271368

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**ACCEPTANCE OF DESIGNATION**

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

  
JAMES O. SHANNON, Registered Agent

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