

204000045929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

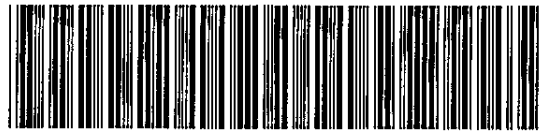
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



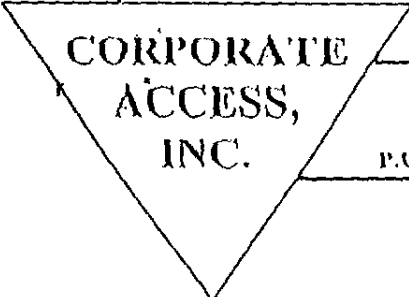
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*Handwritten signature/initials*



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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WALK IN

PICK UP

6/18/18

☒ CERTIFIED COPY \_\_\_\_\_

\_\_\_\_\_ CUS \_\_\_\_\_

\_\_\_\_\_ PHOTO COPY \_\_\_\_\_

☒ FILING LLC

1.) Equality Acquisition 10, LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
EQUALITY ACQUISITION 10, LLC,  
A LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I  
Name**

The name of the Limited Liability Company is Equality Acquisition 10, LLC.

**ARTICLE II  
Company Address**

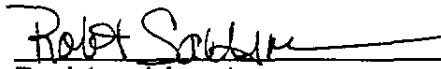
The mailing address and street address of the principal office of the Limited Liability Company is 222 S. Pennsylvania Avenue, Suite 200, Winter Park, Florida 32789.

**ARTICLE III  
Registered Agent, Registered Office and Signature of Registered Agent**

The name and the Florida street address of the registered agent of the Limited Liability Company are:

Robert P. Saltzman  
222 S. Pennsylvania Avenue, Suite 200  
Winter Park, Florida 32789


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, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Registered Agent

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**IN WITNESS WHEREOF**, I have signed these Articles of Organization and acknowledged them to be my act this 17<sup>th</sup> day of June, 2004, which shall be effective upon filing with the Florida Secretary of State.

*(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

  
Robert P. Saltsman, Authorized Agent