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(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:	

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· ARTHUR C. GAY Requester's Name	
1423 North Bronough Street	75.00
Address	
Tallahassee, Fl 32303 850/386-86	25
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	Office Use Only
CORPORATION NAME(S) & DOCUMENT N	· v
CORPORATION NAME(S) & DOCUMENT IN	ember(e), (ii known).
1. PRINCETON THRTY) EXCHANGE AC (Corporation Name)	COMODATORS, LLC (Document #)
2(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
☐ Mail out ☑ Will wait ☐ Ph	otocopy
NEW FILINGS AME	NDMENTS
Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS REG	ISTRATION/QUALIFICATION
Fictitious Name	Foreign Limited Partnership Reinstatement Frademark Other

Examiner's Initials

CR2E031(7/97)

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Archur C. Gray (Name of Person) Archur Gay Intermediany Services (Firm/Company)
1423 N. Bronough St.
Tallahossee, FL 32303 (City/State and Zip Code)
For further information concerning this matter, please call:
Brooke Collins at 850 380-8625 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Princeton (Thirty) Exchange Acconsidators, UC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1423 N. Bronough St. Tallahassee, Fl.

Same

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

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

<u>U(</u>

423 N. Bronou

Florida street address (P.O. Box NQT acceptable)

Tallahassee FL

City, State, and Zip

O4 JUN 29 AM 9: 00
SECRÉLASSÉE, FLORIDA

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..

/s/ ARTHUR C. GAY

Registered Agent's Signature

(CONTINUED)

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

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

Title: "MGR" = Manager ➤"MGRM" = Managing Member	Name and Address:
MGRM	Arthur C. Gay 1423 N. Bronough S Tallohassee, Fl. 3220
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	

/s/ ARTHUR C. GAY

Signature of a member or an authorized representative of a member.

(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 herein are true.)

Typed or printed name of signee

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)