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TRANSMITTAL LETTER

	egistration Section ivision of Corporations					
SUBJECT	: Footprint, LLC					
	(Name of Limited Liabilit	y Company)				
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.				
	Please return all correspondence conce	erning this matter to the following:				
	Colleen A. Donahue, Esquire					
	(Name of P	erson)				
	Colleen A. Donahue, P.A.					
	(Firm/Com	pany)				
	401 South 57th To (Address					
	(0.2.1	-,				
	Hollywood, FL 33023-1428 (City/State and Zip Code)					
For further	information concerning this matter, please call:					
	Colleen A. Donahue, Esquire at (954	983-4225				
	(Name of Person) (A	rea Code & Daytime Telephone Number)	DIVISION OF CORPORATION OF JUL -6 AM 8:			
	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	AM 8: 30			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Footprint, LLC		
ARTICLE II - Address The mailing address and		cipal office of the Limited Liabil	lity Comp
Principal Office Addre	<u>ss:</u>	Mailing Address:	
374 Ansin Boulevard		374 Ansin Boulevard	
Hallandale, FL 33009		Hallandale, FL 33009	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registe	red Agent, Registered C	Office. & Registered Agent's Si	gnature:
	ered Agent, Registered C a street address of the reg Nicholas F. Cu Name	· ·	gnature:
	a street address of the reg Nicholas F. Cu	ristered agent are:	gnature:
	a street address of the reg Nicholas F. Cu Name	ristered agent are: uneo IV	gnature:
	a street address of the reg Nicholas F. Cu Name 374 Ansin Bou	uneo IV ulevard Box NOT acceptable) FLORIDA 33009	gnature: 04 JUL
The name and the Florid	Nicholas F. Cu Name 374 Ansin Bou Florida street address (P.O.) Hallandale, City, State, and	istered agent are: uneo iV ulevard Box NOT acceptable) FLORIDA 33009 i Zip ce of process for the above stated a	Ç ↓ !imited liģ
the name and the Florid been named as registered y at the place designated act in this capacity. I furt	Nicholas F. Cu Name 374 Ansin Bou Florida street address (P.O. I Hallandale, City, State, and agent and to accept service in this certificate, I hereby her agree to comply with t	istered agent are: uneo iV ulevard Box NOT acceptable) FLORIDA 33009 I Zip ce of process for the above stated a cacept the appointment as registe the provisions of all statutes relations.	limited lià ered agen ing to the T
The name and the Florid been named as registered y at the place designated act in this capacity. I furt applete performance of my	Nicholas F. Cu Name 374 Ansin Bot Florida street address (P.O. I Hallandale, City, State, and agent and to accept service in this certificate, I hereby her agree to comply with the duties, and I am familiar in	istered agent are: uneo iV ulevard Box NOT acceptable) FLORIDA 33009 i Zip ce of process for the above stated accept the appointment as registe	limited lià ered agenj ing to the p

Page 1 of 2 (CONTINUED)

The name a	ind address of each Manager or I	Managing Member is as follows:		
Title: "MGR" = N "MGRM" =		Name and Address:		
MGRM	3	licholas F. Cuneo IV 74 Ansin Boulevard Iallandale, FL 33009		

(Use attach	ment if necessary)			
	a A	ded if an effective date is requested.		
REQUIRE	D SIGNATURE: Signature of a member or an autho	MCO + Deprized representative of a member.	04 JUL -	SECRETA DIVISION O
	(In accordance with section 608.408(of this document constitutes an affirm that the facts stated herein are true.)	nation under the penalties of perjury	6 A	YRY OF SI
	Nicholas F. C Typed or printed		8: 30	ATIONS

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

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)