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Account Name : BUSINESS FILINGS Account Number: 105256001620

Phone : (608)827-5300 : (608)827-5501

Fax Number

LIMITED LIABILITY COMPANY

Lo' Bo Enterprise, LLC

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ARTICLES OF ORGANIZATION OF Lo' Bo Enterprise, LLC

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of the limited liability company shall be: Lo' Bo Enterprise, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 11685 VC Johnson Rd., Jacksonville, Florida 32218.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Gladys Spates, 11685 VC Johnson Rd., Jacksonville, Florida 32218. Located in the County of Duval.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Gladys M. Spates, 11685 VC Johnson Rd., Jacksonville, Florida 32218

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717 (608) 827-5300

FAX AUDIT # 40400/735643

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,

THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE PROVIDED STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN

DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE

STATE OF FLORIDA.

The name of the limited liability company is: Lo' Bo Enterprise, LLC

The name and address of the registered agent and office is: Gladys Spates, 11685 VC Johnson Rd., Jacksonville, Florida 32218. Located in the County of Duval.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature

Gladys Spates

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