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## TRANSMITTAL LETTER

	gistration Section vision of Corporations	
UBJECT:	Firefly Investments, L.L.C.	
	(Name of Limited Liability Company)	
The enclosed	ed Articles of Organization and fee(s) are submitted for filing.	THE SER !
	Please return all correspondence concerning this matter to the following:	至9
	Chad Blackmer	ASSEK CORP
	(Name of Person)	
		OR T
	(Firm/Company)	
1440	04 Pelican Bay Court	
•	(Address)	
	Jacksonville, FL 32224	
	(City/State and Zip Code)	<del></del>
or further i	information concerning this matter, please call:	
Stephen Fo	Foster at ( 913 ) 894-8877	
	(Name of Person) (Area Code & Daytime Telephone Num	ber)

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

ARTICLES OF ORC	GANIZATION				
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  ARTICLE I - Name: The name of the Limited Liability Company is: Firefly Investments, L. L. C.					
ARTICLE I - Name:	Section 1.				
The name of the Limited Liability Company is:	2017				
Firefly Investments, L. L. C.	The state of the s				
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
14404 Pelican Bay Court	14404 Pelican Bay Court				
Jacksonville, FL 32224	Jacksonville, FL 32224				
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis					
Chad Blackmer	<u> </u>				
Name					
14404 Pelican Bay Court					
Florida street address (P.O. Bo	x NOT acceptable)				

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, Florida Statutes..

City, State, and Zip

Jacksonville,

32224

FLORIDA

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	ging Member(s):		KILL OF THE STATE
The name and address of each Manage	t of managing memoer is as follows.	11/04	~~ ~
Title:	Name and Address:	The state of the s	( <b>/ / / /</b> )
"MGR" = Manager		Ty.	190 M
"MGRM" = Managing Member		`	
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MGRM	Chad Blackmer	<u> </u>	NO V
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	Jacksonville, FL 32224		1.2
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(Use attachment if necessary)			
NOTE: An additional article must l	be added if an effective date is reque	ested.	
REQUIRED SIGNATURE:			
(1/11 // 1/11			·
Charles Charles			ين يونون <u>شم</u>
Signature of Amember or an	authorized representative of a member.		
(In accordance with section 6)	08.408(3), Florida Statutes, the execution		
of this document constitutes a	n affirmation under the penalties of perjury		
that the facts stated herein are	true.)		
Chad Black me	/		* * * * * * * * * * * * * * * * * * *
Typed or	printed name of signee	,,	<u> </u>

## 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)