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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**FRASER INVESTMENTS & HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FRASER INVESTMENTS & HOLDINGS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

117 SE 2ND AVENUE

117 SE 2ND AVENUE

CAPE CORAL, FLORIDA 33990

CAPE CORAL, FLORIDA 33990

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

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

PAUL L. LARROW

Name

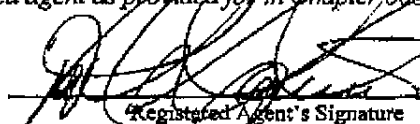
3501-312 DEL PRADO BLVD

Florida street address (P.O. Box NOT acceptable)

CAPE CORAL, FLORIDA 33904

City, State, and Zip

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature

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**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

DEVON FRASER

117 SE 2ND AVENUE

CAPE CORAL, FLORIDA 33990

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
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.)

DEVON FRASER

Typed or printed name of signee

04 OCT 22 AM 11:09

DIVISION OF CORPORATE AFFAIRS

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