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

From: Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

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Return to Carolyn Smith

LIMITED LIABILITY COMPANY
THISTLE SUPPLY, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: THISTLE SUPPLY, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 4446 HENDRICKS AVE., # 153, JACKSONVILLE, FLORIDA 32207.

ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature:

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

F&L CORP.
Name
ONE INDEPENDENT DRIVE, SUITE 1300
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE, FL 32202
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 completed 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.

F&L CORP.

By: Charles V. Hedrick
Charles V. Hedrick, Authorized Signatory

[Signature]
Signature of a member or an authorized representative of a member

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

(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.)

JOHN W. CAVEN, JR.
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)