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To:

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Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247
Phone: (800)494-3124

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## LIMITED LIABILITY COMPANY

### **Drop Zone LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANIZATION FOR A FLORIDA LIABILITY COMPANIZATION

#### ARTICLE I NAME

The name of the Limited Liability Company is: Drop Zone LLC

### ARTICLE II ADDRESS

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

1531 Kelley St.

Kissimmee, Florida 34744

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.

92 SADBERRY RD.

**QUINCY, FL 32351** 

Having been named as registered agent 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, F.S..

A1A REGISTERED AGENT INC. Registered Agent's Signature

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Drop Zone LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is.

Managed Company. therefore, a Member Managed Company.

### ARTICLE V MEMBERS (optional)

Managing Member: Stan Cobb 3424 Gator Bay Creek Blvd. St. Cloud, Florida 34772

Managing Member: Kira Cobb 3424 Gator Bay Creek Blvd. St. Cloud, Florida 34772

Signature of a member or an authorized representative of a member. (In with section 508,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

STAN COBB Typed or printed name of signee