Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

· (850)205-0383

Account Name

: AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302)575-0875

Phone : (302)575-0875 Fax Number : (302)575-0925

LIMITED LIABILITY COMPANY

Arnold Enterprise's LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

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Pec-30-2004 10:05an

From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-791 P 002/002 F-888

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ! ~ Name:

The name of the Limited Liability Company is: Arnold Enterprise's LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company Is: 7823 Fernleaf Dr., Orlando, FL 32636

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

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

Agents and Corporations, inc. Suite E, 773 4th Avenue North Naples, FL 34102

Having been name 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 performances 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.

| Hospital Agent's Signature | Registered Agent's Re

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V - Manager/Member(s):

The Initial Manager(s)/Member(s) of the Limited Liability Company shall be:

Manul Arnold 7823 Fernical Dr. Angie Arnold 7823 Fernisaf Dr.

Orlando, FL 32836

Orlando, FL 32836

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,)

Typed or printed name of signee

SECRETARY OF STATE