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# Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

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# LIMITED LIABILITY COMPANY

## SEVEN OF NINE ENTERPRISES, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | ~~02~~ 3 |
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# ARTICLES OF ORGANIZATION
# FOR
# FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

SEVEN OF NINE ENTERPRISES, 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:** |
|---|---|
| 350 GOLFBROOK CIRLCE # 202 | 350 GOLFBROOK, CIRCLE #202 |
| LONGWOOD, FL 32779 | LOMGWOOD , FL 32779 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
The name and the Florida street address of the registered agent are:

CHRISTOPHER T. HILL
Name.

201 SOUTH ORANGE AVENUE SUITE 720
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FLORIDA 32801
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: | Name and Address: |
|---|---|
| "MGR" = Manager<br>"MGRM" = Managing Member | |
| MGRM | WILLIAM J. MARQUEZ<br>350 GOLFBROOK CIRCLE # 202<br>LONGWOOD, FL 32779 |
| MGRM | SALLY ANN BALL<br>628 ANTOINETTE AVENUE<br>WINTER PARK, FL 32789 |
| | |
| | |

(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.)

CAROL MONTALVO
Typed or printed name of signee

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**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)**