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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## TRANSMITTAL LETTER

| TO: Registration Se<br>Division of Co |   |  |  |              |
|---------------------------------------|---|--|--|--------------|
| SUBJECT: Donaldso                     | on Enterprises, LLC                           |  |  |              |
|                                       | (Name of Limite                               | d Liability Company)   | _  |              |
| The enclosed Articles o               | f Organization and fee(s) are s               | ubmitted for filing.   |  |              |
| Please return all corresp             | ondence concerning this matte                 | er to the following:   |  |              |
| Emory D                               | onaldson                                      |  |  |              |
|                                       | (1  | Name of Person)  |  |              |
| Donaldson Enterpris                   | ses IIC                                       |  |  |              |
| Donaldoon Enterprie                   |   | Firm/Company)  |  | w            |
|                                       |   |  |  |              |
| 8 Granville                           | Circle  |  |  |              |
|                                       |   | (Address)  |  | 200          |
|                                       |   |  |  | 2005 HAR 1 O |
| Dayto                                 | ona Beach, FL 32118                           |  |  | = <u> </u>   |
|                                       | (City/  | State and Zip Code)  | \$29 m   |              |
|                                       |   |  |  |              |
| For further information               | concerning this matter, please                | call:  |  | All: 2       |
| Emory Donaldson                       |   | at ( 386 ) 566-2020  |  | 2            |
| (Name                                 | of Person)                                    | (Area Code & Daytime To  | elephone Number)   |              |
| Enclosed is a check for               | or the following amount:                      |  |  |              |
| <b>☑</b> \$125.00 Filing Fee          | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing<br>Certificate of Status<br>Certified Copy<br>(additional copy is encl | s &          |

#### STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is  | :  |
|---|--|
| Donaldson Enterprises, LLC  |  |
| ARTICLE II - Address: The mailing address and street address of the p   | rincipal office of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:   |
| 8 Granville Circle  | 8 Granville Circle   |
| Daytona Beach, FL 32118   | Daytona Beach, FL 32118  |
| The name and the Florida street address of the Emory Donaldson Name   |  |
| 8 Granville Circle  |  |
| Florida street ad   | dress (P.O. Box NOT acceptable)  |
| Daytona Beach   | FL 32118   |
| City, State,  | the control of the co |
| liability company at the place designated in registered agent and agree to act in this capacitorstatutes relating to the proper and complete particles. | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S   |

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member             | Name and Address:  |
|--|--|
| MGRM   | Emory Donaldson  |
|  | 8 Granville Circle   |
|  | Daytona Beach, FL 32118  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| (Use attachment if necessary)                                      |  |
| NOTE: An additional article must                                   | t be added if an effective date is requested.  |
| REQUIRED SIGNATURE:  | 7 20c  |
| Signature of a memb  | er or an authorized representative of a member.  |
| (In accordance with so of this document cons that the facts stated | ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) |
| Emony Donaldson  |  |

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)