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(Business Entity Name)

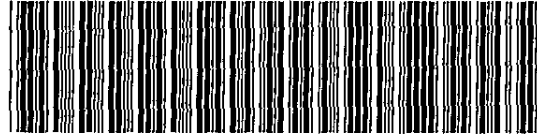
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TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

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LLC

1.) Rodney Rupert, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

ARTICLES OF ORGANIZATION FOR
RODNEY RUPERT, L.L.C.,
a Florida Limited Liability Company

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.

ARTICLE I - NAME

The name of this Corporation shall be "RODNEY RUPERT, LLC"

ARTICLE II - ADDRESS

The mailing address of the principal office of the Limited Liability Company is P.O. Box 77, Island Grove, Florida 32654-0077.

ARTICLE III - MANAGEMENT


The Limited Liability Company is to be managed by one or more members, and is, therefore, a member managed company. The initial manager member is Robert C. Ferran.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

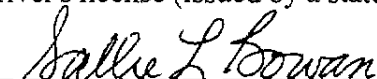
The name and Florida street address of the registered agent is Robert C. Ferran at 19314 C.R. 325, Cross Creek, Florida. 32740. Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Certificate, I hereby accept 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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Dated this 13 day of April, 2005.


Robert C. Ferran Managing Member
and Registered Agent

STATE OF FLORIDA
COUNTY OF Orange

The foregoing Articles of Organization were acknowledged before me this 12 day of April, 2005, by ROBERT C. FERRAN. Said person did not take an oath and (check one) ☒ is personally known to me, or ☐ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.


Print Name: _____
Notary Public - State of Florida
Commission Number: _____
My Commission Expires: _____



Sallie L. Bowman
My Commission DD282363
Expires February 16, 2008