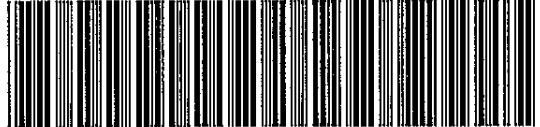


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2005 APR 14 P 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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04/14/05--01027--005 **155.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 10, 2005

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Please find enclosed my application and check to form a Florida Limited Liability Company.

Andrew David Dillon
6940 30th Square
Apt 208
Vero Beach, Florida 32966
248-802-7797

Thank you for your attention to this matter,

Andrew Dillon

Andrew Dillon

TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2005 APR 14 P 3:36

SUBJECT: THE CUTTING EDGE, LTD. CO.
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW DAVID DILLON
(Name of Person)

THE CUTTING EDGE, LTD. CO.
(Firm/Company)

6940 30TH SQUARE APT 208
(Address)

VERO BEACH, FLORIDA 32966
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID DILLON at (248) 463-1546
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE CUTTING EDGE LTD. CO.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6940 30TH SQUARE
APT 208
VERO BEACH, FLORIDA 32966

6940 30TH SQUARE
APT 208
VERO BEACH, FLORIDA 32966

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

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

ANDREW DAVID DILLON
Name

6940 30TH SQUARE APT 208
Florida street address (P.O. Box **NOT** acceptable)

VERO BEACH FL 32966
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, F.S..

Andrew Dillon
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

ANDREW DAVID DILLON
6940 30th SQUARE APT 208
VERO BEACH, FLORIDA 32966

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Andrew Dillon
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.)

ANDREW DAVID DILLON
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)**