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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: GRAY ROBINSON, P.A.

Account Number : 075154001651

Phone

: (321)727-8100

Fax Number

: (321)984-4122

# LIMITED LIABILITY COMPANY

TIGHT LINE, LLC

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\$155.00

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## ARTICLES OF ORGANIZATION

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#### OF

## TIGHT LINE, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 608, Florida Statutes, hereby states as follows.

#### ARTICLE I - NAME

The name of this limited liability company (the "Company") is TIGHT LINE, LLC.

#### ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company is 3605 Sparrow Hawk Trail, Mims, FL 32754.

## ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is Mark D. Shuman, 1800 W. Hibiscus Blvd., Suite 138, Melbourne, Florida 32901.

#### ARTICLE IV - EFFECTIVE DATE AND DURATION

The existence of the Company shall commence upon filing these Articles of Organization and shall continue perpetually.

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this 26 day of MAY 2005.

MARK D. SHUMAN, a person authorized unanimously by the members of the Company to execute these Articles of Company to execute the Company the

Organization

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## CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 608.415, Florida Statutes, the following is submitted in compliance with said Act:

FIRST, that TIGHT LINE, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Mims, County of Brevard, State of Florida, has named Mark D. Shuman, 1800 W. Hibiscus Blvd., Suite 138, Melbourne, Florida 32901 as its agent to accept service of process within this State.

#### ACKNOWLEDGMENT

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, *Florida Statutes*, and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

MARK D. SHUMAN

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