Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302) 575-0875 Fax Number : (302)575-0925

LIMITED LIABILITY COMPANY

3 FLIPS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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M. HUDGES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 3 FLIPS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 9932 Moorings Drive, Jacksonville, FL 32257

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

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

Rhoderick Dacanay 9832 Moorings Drive Jacksonville, FL 32257

Having been name 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 808, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

The Limited Lizbility Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V - Manager:

The initial Manager(s) of the Limited Liability Company shall be:

Rhoderick Dacanay

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 penelties of perjury that the facts stated herein are true.)

Typed or printed name of signee