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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

Attn: Tammi Cline

## From:

Account Name : C T CORPORATION SYSTEM  
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SEP 13 AM 10:02  
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## LIMITED LIABILITY COMPANY

Ace, LLC

Certificate of Status	0
Certified Copy	0
Page Count	084
Estimated Charge	\$125.00

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09/14/2005 11:02

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CT CORPORATION SYSTM

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9/14/2005 9:08

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 14, 2005

CT CORPORATION SYSTEM

SUBJECT: ACE, LLC  
REF: W05000042577

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

✓ The name of the managing member must be listed.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850)-245-6020.

Tammi Cline  
Document Specialist

FAX Aud. #: B05000218379  
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CT CORPORATION SYSTM  
CT CORPORATION

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FROM : JAMES J JACKSON

PHONE NO. : 7274466922

Sep. 13 2005 04:36PM P3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ACE, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

### ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1401 N. MISSION AVE. #252  
LARGO, FL 33770

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PHILLIP TUNISON

Name

301 MARIVA

Florida street address (P.O. Box NOT acceptable)

CLEARWATER, FLORIDA 33755

City, State, and Zip

Having been named as registered agent and to accept service of process for the above named 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.

CT Corporation System

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FROM : JAMES J JACKSON

PHONE NO. : 7274466922

Sep. 13 2005 04:36PM P4

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

**Title:**

"MGR" = Manager

"MORM" = Managing Member

**Name and Address:**

JAMES JACKSON

1401 N. MITCHELL AVE. #202  
LARGO, FL 33770

MORM

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Stephen Ferguson

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.)

STEPHEN FERGUSON

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 20.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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