

Division of Corporations

L05000094/63

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ALMACO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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CLERK OF DISTRICT CLERK
STATE OF FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is: **ALMACO, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

5110 62nd Avenue S.

5110 62nd Avenue S.

St. Petersburg, FL 33715

St. Petersburg, FL 33715

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

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

Laura A. Plum

Name

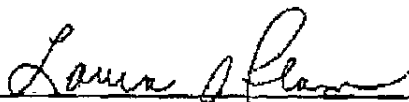
1800 2nd Street, Suite 745

(P.O. Box or Mail Drop Box NOT Acceptable)

Sarasota, FL 34236

(City / State / 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.



Registered Agent's Signature - Laura A. Plum

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:MGRMMary O'Hara- 5110 62nd Avenue S., St. Petersburg, FL 33715STATE
FLORIDAMGRMSayed Ali Zolrosht- 5110 62nd Avenue S., St. Petersburg, FL 33715

(Use attachment if necessary)

REQUIRED SIGNATURE:
Signature of a member or 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.)

Mary O'Hara

Typed or printed name of signee