Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations
Fax Number : (85) 205-0383

Account Name : A 1 A CORPORATE SERVICES, INC. Account Number : I20010000247

: (801)494-3124 : (305)675-2811 Phone Fax Number

LIMITED LIABILITY COMPANY

ALLIGATOR ALLEY EXPRESS, LLC

Certificate of S	atus	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compilance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ALLIGATOR ALLEY EXPRESS, LLC

ARTICLE II ADDRESS

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

3047 TERRACE AVE. SUITE A NAPLES, FL 34104

ARTICLE III REGISTERED AG INT. REGISTERED OFFICE & REGISTE SIGNATURE

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

SUSAN PAYNE 3047 TERRACE AVE. SUITE A NAPLES, FL 34104

Having been named as registered agent 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.

SUSAN PAYNE / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

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PAGE 2 ALLIGATOR ALLEY EXPRESS, LLC

ARTICLE V MEMBERS (optional

MANAGING MEMBER:

SUSAN PAYNE

3047 TERRACE AVE. SUITE A

NAPLES, FL 34104

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 faces stated herein are true.

SUSAN PAYNE

Typed or printed name of signee

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