LOS000101966

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status_ Special Instructions to Filing Officer:

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SUBJEC	~ r •	Made in US	A Expo L.L.C.		
BOBGEC	· · ·	(Name of Limite	d Liability Company)		
The encl	osed Articles o	of Organization and fee(s) are s	ubmitted for filing.		
Please re	turn all corres	pondence concerning this matte	er to the following:		
		Dav	id A. Hurley		
_		(Name of Person)		
			(Firm/Company)		
	4129 United Avenue				
_	(Address)				
	Mount Dora, FL 32757				
	-		/State and Zip Code)		
For furth	er information	concerning this matter, please	call:		
	Rhett	Lawton	at (352) 483 (Area Code & Daytime	3 7600	
	(Name of Person)		(Area Code & Daytime	e Telephone Number)	
Enclosed	i is a check fo	or the following amount:			
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\forall \forall \forall 160.00 \text{ Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \text{(additional copy is enclosed)}	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addi Registration Section Division of Corporat Clifton Building 2661 Executive Central Tallahassee FL 323	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAÑY

ADTICLE L. Nome.	· •			
ARTICLE I - Name: The name of the Limited Liability Company is:				
Made in USA Expo L.L.C.				
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address:				
	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4129 United Ave. Mount Dora, FL 32757	4129 United Ave. Mount Dora, FL 32757			
business entity with an active Florida registration.) The name and the Florida street address of the r David Hu Name				
4129 United Ave.				
Florida street address (P.O. Box NOT acceptable)				
Mount Dora, FL 32757				
City, State, and Zip				
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			
Registered Agent's Signate	ure (REQUIRED)			

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM David A. Hurley 4129 United Ave. Mount Dora, FL 32757 (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:** 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.) Filing Fees:

\$ 5.00 Certificate of Status (Optional)

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation