

L05000102321

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

From:

Account Name : BASKIN & FLEECE, P.A.
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Phone : (727) 572-4545
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DIVISION OF CORPORATIONS

05 OCT 17 PM 3:26

RECEIVED

LIMITED LIABILITY COMPANY

LACE BRACE LLC

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

05 OCT 17 AM 10:00

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Audit Fax No: H050002455513

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: LACE BRACE, L.L.C.

ARTICLE II - Address:

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

13577 FEATHER SOUND DRIVE, SUITE 550
CLEARWATER, FL 33762**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Kevin M. Collyer

Name

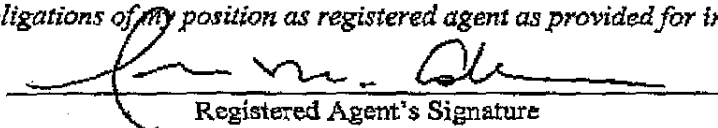
13577 FEATHER SOUND DRIVE, SUITE 550

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

Clearwater, FL 33762

City, State, and Zip

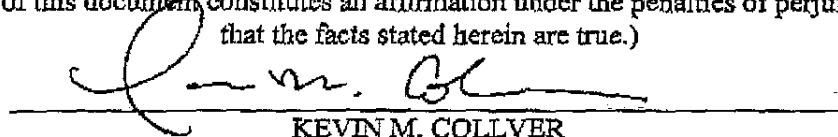
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

(An additional article must be added if an effective date is requested)

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.)


KEVIN M. COLLYERFILED
SECRETARY OF STATE
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05 OCT 17 AM 10:00