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Florida Department of State  
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**GAIL HERRON, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
GAIL HERRON, LLC

**ARTICLE II ADDRESS**

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

313 Northview St.

Port Charlotte, FL 33954

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

GAIL HERRON

313 Northview St.

Port Charlotte, FL 33954

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..

  
GAIL HERRON/ Registered Agent's

**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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GAIL HERRON, LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

GAIL HERRON

313 Northview St.

Port Charlotte, FL 33954

\*\*\*\*\*

*Gail Herron*

Signature of a member or an authorized representative of a  
(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.

GAIL HERRON

Typed or printed name of signee

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