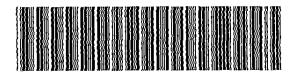
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SECRETATIVE STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Warner Oliver LLC |
| (Name of Limited Liability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Warner Oliver LLC |
| (Name of Person) |
| Warner Oliver LLC |
| (Firm/Company) |
| 10706 Bloomingdale Av |
| (Address) |
| Riverview FI 33569 |
| (City/State and Zip Code) |
| |
| For further information concerning this matter, please call: |
| Warner Oliver LLC at (813) 8176826 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee ✓ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Control of Executive Center Circle Tallahassee, FL 32301 Street/Courier Address Registration Section Division of Corporations Control of Control of Control of Corporations Control of Cont |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is | x |
|---|--|
| Warner Oliver LLC | |
| (Must end with the words "Limited Liability Company, "Limited Liability Company," | ited Company" or their abbreviation "LLC," or "L.C.,") |
| ADOTOLOGIC | • |
| ARTICLE II - Address: The mailing address and street address of the t | principal office of the Limited Liability Company is: |
| The maning address and succe address of the p | America office of the Emilion Elability Company is. |
| Principal Office Address: | Mailing Address: |
| Warner Oliver LLC | Wamer Oliver LLC |
| 10706 Bloomingdale Av | 10706 Bloomingdale Av |
| Riverview FI 33569 | Riverview FI 33569 |
| R(VERVIÈW City, State | registered agent are: NGCAR & AV. ddress (P.O. Box NOT acceptable) FL 33569 |
| liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p | this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S. |
| (CONTI | NUED) |

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:

| AGR" = Manager AGRM" = Managing Member One n one see attachment if necessary) | none |
|---|---|
| one n | none |
| one ne | none |
| ne | |
| - | |
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| se attachment if necessary) | |
| se attachment if necessary) | |
| EV: Effective date, if other than the date of ctive date is listed, the date must be specially after the date of filing.) | of filing: / / 2005 (OPTIO) rific and cannot be more than five business of |
| <u>EQUIRED</u> SIGNATURE: | |
| | |
| Owner Wan | |
| | n sutharized representative of a member |
| Signature of a member or an | 08.408(3), Florida Statutes, the execution and affirmation under the penalties of perjuit? |
| (In accordance with section 60 of this document constitutes at that the facts stated herein a | 08.408(3), Florida Statutes, the execution in affirmation under the penalties of perjuff in true.) |
| (In accordance with section 60 of this document constitutes at that the facts stated herein a | 08.408(3), Florida Statutes, the execution and affirmation under the penalties of perjuffine true.) |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)