Florida Department of States DEC 13 P 12: 43 Division of Corporations Public Access System

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 : (302)575-0875 Phone Fax Number : (302)575-0925

LIMITED LIABILITY COMPANY

LCP, LLC

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\$125.00

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Corporate Filing

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ARTICLE I - Name:

FILED

The name of the Limited Liability Company is: LCP, LLC

ARTICLE II - Address:

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The mailing address and street address of the principal office of the Limited OF STATE Liability Company is: 6688 Engram Rd., New Smyrna Beach, FL 32169 OF STATE

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Agents and Corporations, inc. Suite E, 773 4th Avenue North Naples, FL 34102

Having been name 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.

ARTICLE IV - Management (Check box if applicable.) []

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V -- Manager:

The initial Manager(s) of the Limited Liability Company shall be:

Lee C. Peraldo

Lorraine C. Sutton

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.)

> Lee C. Peraldo Typed or printed name of signee