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Division of Corporations

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Account Name : W. KEVIN RUSSELL, P.A.

Account Number : I20050000181 : (941)429-1871 Fax Number : (941)429-8961

ORIDA/FOREIGN LIMITED LIABILITY CO.

Patches & Lowe, L.L.C.

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#### ARTICLES OF ORGANIZATION OF PATCHES & LOWE, L.L. A LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles of Organization, hereby cer

#### ARTICLE 1 - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Patches &

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is: 13710 Allamanda Circle, Port Charlotte, Florida 33981.

### ARTICLE III - Registered Agent:

The name and the Florida street address of the initial registered agent are: Cheryl L. Lowe, 13710 Allamanda Circle, Port Charlotte, Florida 33981.

#### ARTICLE IV - Management:

The Company is to be managed by one manager or more managers and therefore is a manager-managed company. The manager shall be Cheryl L. Lowe and her address is 13710 Allamanda Circle, Port Charlotte, Florida 33981.

## ARTICLE V - Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act day of January, 2006. this

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.

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# STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF PATCHES & LOWE, L.L.C.

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 13710 Allamanda Circle, Port Charlotte, Florida 33981. 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 under Chapter 608, Florida Statutes.

Cheryl L. Lowe

Chory L. Louse Typed or Printed Name

In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.

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