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| PICK-UP | MAIT | MAIL |
| (Business Entity Name) | | |
| (C | Ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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SECURIALIST STATE

RICHARD C. KEENE, ATTORNEY, P.A.

RICHARD CLINTON KEENE 800-C Third Street Neptune Beach, Florida 32266

Admitted in Florida (No. 0793957) and Maryland

Phone: (904) 247-1600; Fax: (904) 247-1696

January 11, 2006

Secretary of State

Corporate Records Division
P. O. Box 6327

Tallahassee, FL 32314-6327

Ladies and Gentlemen:

Enclosed please find two (2) copies of the Articles of Organization of Fact Warehousing, LLC, a Florida Limited Liability Company, proffered for filing, along with my check in the amount of \$155.00, for Filing Fee, Registered Agent Fee, and Certified Copy of the Articles.

Please file the Original of the enclosure, and return to me the Certified Copy. A self-addressed stamped envelope is also provided.

In advance, thank you for your prompt attention to this matter.

Very truly yours,

Richard Clinton Keene

RCK/sbb

Encl: Noted

Copy: Robert C. Steele

4330 Palm Street

St. Augustine, FL 32084

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY (Chapter 608, Florida Statutes)

ARTICLE I -Name:

The name of the Limited Liability Company is: FACT WAREHOUSING, LLC

ARTICLE II - Address(es):

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

4340 Palm Street St. Augustine, FL 32084

ARTICLE III - Registered Agent, Registered Office:

The name and street address of the initial Registered Agent are:

Robert C. Steele, 4340 Palm Street, St. Augustine, FL 32084

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ARTICLE IV – Duration:

- (A) The Limited Liability Company shall have perpetual duration, but dissolve no later than December 31, 2035.
- (B) The right, if given, of the remaining Member(s) of the Limited Liability Company to continue the business thereof upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which might terminate the continued membership of a Member in the Limited Liability Company, shall be: NONE

ARTICLE V - Management:

- (A) The Limited Liability Company shall be operated per an Operating Agreement, even dated herewith, and as amended from time to time.
 - (B) Check only the applicable box:

 ☐ The Limited Liability Company is to be managed by the members.

 ☐ The Limited Liability Company is to be a manager-managed company, and the name(s) and address(es) of each Managing Member(s) is/are:

Robert C. Steele, 4340 Palm Street, St. Augustine, FL 32084

ARTICLE VI – Function:

The Limited Liability Company may engage in the warehousing, storage and/or distribution of industrial materials or equipment for third party contractors, in this State and elsewhere, and do all actions legal in furtherance thereof and as permitted under Chapter 608, Florida Statutes, and in its Operating Agreement.

Signature of Member, or an authorized representative of Member

Typed or printed name of signer: Robert C. Steele

STATE OF FLORIDA)
SS.
COUNTY OF ST. JOHNS)

Before me, a Notary Public of said State, this 10th day of personally appeared Robert C. Steele (X) personally known to me or (1) proved to me on the basis of satisfactory evidence (Driver's license, Passport, et al.) to be the person(s) whose name(s) is/are subscribed to the within instrument, and who acknowledged to me that he executed the same in his authorized capacity(ies), and that by his signature(s) thereon, the person(s) acted voluntarily in executing the instrument, in my presence, (1) with or (X) without taking oath, and, in accordance with Florida Statutes, Section 608.408(3), affirmed that the facts stated therein are true.

WITNESS my hand and official seal.

ACCEPTANCE OF RESIDENT AGENT (F.S. 608.415; 608.507)

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 in Chapter 608, Florida Statutes.

Date:

30

4340 Palm Street

St. Augustine, FL 32084

Resident Agent