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To:

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

From:

Account Name : JOHN J. WOLFE, P.A.
Account Number : I20030000007
Phone : (305) 743-9858
Fax Number : (305) 743-7489

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Butternut, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY**ARTICLE I. NAME**

The name of the Limited Liability Company is **BUTTERNUT, LLC**

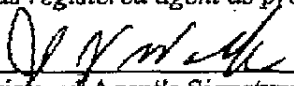
ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 931 Lagoon Drive, Summerland Key, FL 33042.

**ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

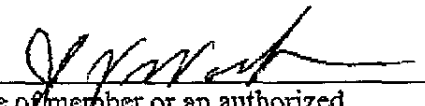
The name and the Florida street address of the registered agent is John J. Wolfe, P.A., 2955 Overseas Highway, Marathon, FL 33050.

Having been named 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 regulating 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.



Registered Agent's Signature**ARTICLE IV. MANAGEMENT (Check box if applicable)**

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



Signature of 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 here in are true.)

John J. Wolfe

Typed or printed name of signee

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