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To:

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From:

Account Name : KOCH & COMPANY, CPAS, P.A.  
Account Number : I19990000002  
Phone : (941)637-0544  
Fax Number : (941)637-9693

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**  
**LISA LISA, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
LISA LISA, LLC**

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TALLAHASSEE, FLORIDA

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is LISA LISA, LLC, (hereinafter, "Limited Liability Company").

**ARTICLE 2 - ADDRESS**

The street address of the principal office of this Limited Liability Company shall be:  
18114 Eau Gallie Circle, Port Charlotte, FL 33948-9512

**ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT**

The name and street address of the registered agent of this Limited Liability Company is:

Lisa M. Hayes, 18114 Eau Gallie Circle, Port Charlotte, FL 33948-9512

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

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 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.

By: *Lisa M. Hayes*  
Lisa M. Hayes, Registered Agent

By: *Lisa M. Hayes*  
Lisa M. Hayes, Organizing Member

State of Florida County of Charlotte The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____ _____ Notary Signature
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