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## To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : THE FARR LAW FIRM Account Number : 103654001666 Phone : (941)639-1158 Fax Number : (941)639-0028

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

#### MORNING SILENCE, LLC

ARTICLE II - Address:

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

### MORNING SILENCE, LLC

Mailing Address:	c/o David A. Holmes 99 Nesbit Street	
	Port Charlotte, Florida 33950	
Street Address:	3005 Caring Way, Suite A Port Charlotte, Florida 33952	

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

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

Brian W. Crosland 3005 Caring Way, Suite A Port Charlotte, Florida 33952

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 ds/registered agent as provided for in Chapter 608, F.S.

David A. Holmes, Registered Agent ARTICLE IV - Management The Limited Lightlity Company is to be managed by one or more managers and is, managed company. therefore, a manager

DEMAR 13 AM II: David A. Holmes, Authorized Representative of a Member

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

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