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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | curnent Number |) |
| Certified Coples | _ Certificate | s of Status |
| Special Instructions to | Filing Officer. | |
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Office Use Only



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SECRETARY OF STATE

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7-18-04

COVER LETTER

| Division of Corpora | | | | |
|-------------------------------|---|---|--|----------------------|
| SUBJECT: Breezy Po | int Marketing LLC | | | |
| | (Name of Limite | d Liability Company) | | |
| The enclosed Articles of Org | anization and fee(s) are s | ubmitted for filing. | | |
| Please return all corresponde | nce concerning this matte | er to the following: | | |
| Stacey Ferrara | a | · | | |
| | | Name of Person) | | <u> </u> |
| Breezy Point N | Marketing | | | |
| | (| Firm/Company) | | |
| 4738 Salem I | Orive | | | |
| | | (Address) | SE | 2006 |
| New Port Ric | hey, Fl. 34652 | | CRE | |
| | (City) | /State and Zip Code) | S S S R | 20 |
| For further information conc | erning this matter, please | call: | EE.FLC | 2006 JUL 20 PM 1: 06 |
| Stacey Ferrara | | at (727) 842-860 | 9 327 5 5 6 | 90 |
| (Name of Pe | rson) | (Area Code & Daytime T | | |
| Enclosed is a check for the | e following amount: | | | |
| □ \$125.00 Filing Fee | \$130.00 Filing Fee & rtificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed | • |
| | ailing Address gistration Section | Street/Courier Address Registration Section | <u>s</u> | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company i | is: |
|---|---|
| Breezy Point Marketing LLC | |
| (Must end with the words "Limited Liability Company, "Lin | mited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4738 Salem Drive | 4738 Salem Drive |
| New Port Richey, Fl. 34652 | New Port Richey, Fl. 34652 |
| | 21 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeristics) business entity with an active Florida registration.) The name and the Florida street address of the | • |
| Stacey Ferrara | |
| Nam | ne · |
| 4738 Salem Drive | |
| Florida street a | address (P.O. Box NQT acceptable) |
| New Port Richey | FL 34652 |
| City, State | e, and Zip |

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

17-18-06

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| 1/11 tik = = 3/19090PF | | Name and Address: | | |
|--|--|---|----------------------------|-----|
| "MGR" = Manager "MGRM" = Manag | | | | |
| MGRM | _ = - | Stacey Ferrara | 4_ 2 | , |
| | 4738 Salem Drive | | | |
| | | New Port Richey, Fl. 34652 | <u> </u> | |
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| (Has attackment if m | | | | |
| (Use attachment if n | ecessary) | | | |
| • | | date of filing: 7-18-06 | OPTIONAL) | |
| LE V: Effective date ffective date is listed | e, if other than the c | date of filing: 7-18-06 . (Capacitic and cannot be more than five but | OPTIONAL) siness days p | rio |
| LEV: Effective date | e, if other than the c | | | rio |
| LE V: Effective date ffective date is listed | e, if other than the c | | | rio |
| LE V: Effective date ffective date date days after the date | e, if other than the o , the date must be of filing.) | | | rio |
| LE V: Effective date ffective date is listed | e, if other than the o , the date must be of filing.) | | | rio |
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| LE V: Effective date fective date days after the date REQUIRED SIGN | e, if other than the co, the date must be of filing.) ATURE: | specific and cannot be more than five but | | rio |
| LE V: Effective date ffective date days after the date REQUIRED SIGN | e, if other than the co, the date must be of filing.) ATURE: mature of a member | specific and cannot be more than five but | | rio |
| LE V: Effective date fective date days after the date REQUIRED SIGN | e, if other than the control of filing.) ATURE: gnature of a member accordance with sect | specific and cannot be more than five but full or an authorized representative of a member. ion 608.408(3). Florida Statutes, the execution | | rio |
| LE V: Effective date fective date days after the date REQUIRED SIGN Sig | e, if other than the control of filing.) ATURE: gnature of a member accordance with sect | or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution are an affirmation under the penalties of periury | | rio |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee