

Division of Corporations

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**LD6000115592**

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : THE TORPY GROUP, P.L.  
Account Number : I20030000045  
Phone : (321) 255-2332  
Fax Number : (321) 255-2351

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****SADDLE-UP INVESTMENTS, LLC**

|                       |          |
|-----------------------|----------|
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**ARTICLES OF ORGANIZATION  
FOR  
SADDLE-UP INVESTMENTS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with the requirements of Chapter 608, Florida Statutes, the Florida Limited Liability Company Act ("Act"), the undersigned does hereby act as the organizer in adopting and filing the following Articles of Organization for the purpose of organizing a limited liability company.

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: Saddle-Up Investments, LLC.

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is: 150 Coconut Drive, Suite 102, Indialantic, Florida 32903.

**ARTICLE III - REGISTERED AGENT, REGISTERED  
OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

Name: The Torpy Group, P.L.  
Address: 202 N. Harbor City Blvd., Suite 200  
Melbourne, Florida 32935

*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.*

  
The Torpy Group, P.L., Registered Agent  
By: Christina B. Sutch, Managing Member

**ARTICLE IV - MANAGEMENT:**

The Limited Liability Company is to be managed by its members.

**REQUIRED SIGNATURE:**

  
Christina B. Sutch, 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 herein are true.)

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