

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Four Elements LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
Four Elements LLC

**ARTICLE II ADDRESS**

The principal place of business address of the principal office of the Limited Liability Company is:

6213 Bayshore Blvd  
Tampa, FL 33611

The mailing address is

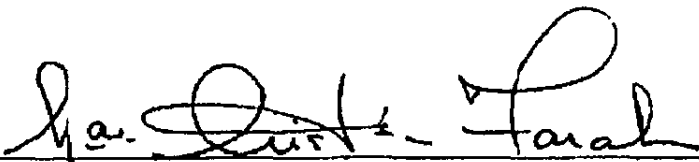
P. O. Box 10157  
Tampa Florida 33679-0157

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

Shella M. Awad  
6213 Bayshore Blvd  
Tampa, FL 33611

Having been named as registered agent 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..

  
Maria C. Farah Registered Agent's Signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

**ARTICLE V MEMBERS (optional)**

**MANAGING MEMBER**

Sheila M. Awad

P. O. Box 10157

Tampa Florida 33679-0157

**MANAGING MEMBER**

Maria C. Farah

P. O. Box 10157

Tampa Florida 33679-0157

x 

Signature of a 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 herein are true.

NAME OF SIGNER Maria C. Farah

Typed or printed name of signee

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