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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Two Striplings, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel W. Hartman  
207 W. Park Ave., Suite B  
Tallahassee, FL 32301

For further information concerning this matter, please call:

Daniel W. Hartman at (850) 577-6500

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
TWO STRIPLINGS, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is **Two Striplings, LLC**, ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

1465 Pine Street  
Tallahassee, Florida 32303

Mailing Address:

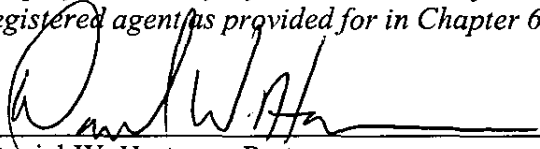
1465 Pine Street  
Tallahassee, Florida 32303

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

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

Ard, Shirley & Hartman, P.A.  
207 W. Park Ave., Suite B  
Tallahassee, FL 32301

*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..*

  
\_\_\_\_\_  
Daniel W. Hartman, Partner  
Ard, Shirley & Hartman, P.A.

**FILED**  
07 MAR 12 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Mitch Stripling  
1465 Pine Street  
Tallahassee, Florida 32303

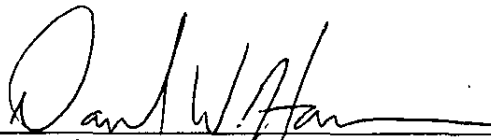
MGMR

Susan Stripling  
1465 Pine Street  
Tallahassee, Florida 32303

#### ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be upon filing of these Articles.

**REQUIRED SIGNATURE:**



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.)

Daniel W. Hartman, Organizer

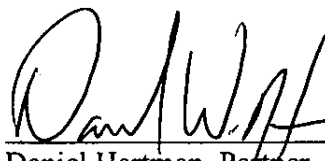
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY **Two Striplings, LLC**, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is **Two Striplings, LLC**.
2. The name and the Florida street address of the registered agent and office are:  
Ard, Shirley & Hartman, P.A.  
207 W. Park Ave., Suite B  
Tallahassee, FL 32301

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, Florida Statutes.



Daniel Hartman, Partner  
Ard, Shirley & Hartman, P.A.  
Registered Agent