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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (Requestor's Name) |
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| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FINDING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S & D Investments LLC

(Must end with the words "Limited Liability Company, "Limited 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: | |
|---------------------------|----------------------|---|
| 3138 Blocton Rd. | 3138 Blocton Rd. | |
| North Port, FL 34288 | North Port, FL 34288 | _ |
| | | _ |

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

| The name and the Florida street | address of the registered agent are: | A Street Street |
|---------------------------------|--|--------------------------|
| Steven Pa | • | 2001 SECJ |
| | Name | APR - |
| 3138 Bloc | cton Rd. | [7] |
| | Florida street address (P.O. Box NOT acceptable) | |
| North Port | FL 34288 | STA STA |
| | City, State, and Zip | : 35 110 _A |

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

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

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

| Title: "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Member | |
| MGR | Steven P. Theiss |
| | 3138 Blocton Rd. |
| | North Port, FL 34288 |
| MGR | Denise L. Theiss |
| | 3138 Blocton Rd. |
| | North Port, FL 34288 |
| | ECRETARY OF LLAHASSEE, F |
| (Use attachment if necessary) | I: 3 |
| LEV. Effective data if other than th | to data of filing: April 18t 2007 (OPTION |
| LEV: Effective date, if other than the | |
| days after the date of filing.) | be specific and cannot be more than five business d |

REQUIRED SIGNATURE:

Signature of a member of 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.)

Steven Paul Theiss

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)