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(Re	equestor's Name)						
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PICK-UP	☐ WAIT	MAIL					
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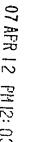
EFFECTIVE DATE 4-9.07



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SEGRETARY OF STATE
ALLAHASSEE FLORIDA



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
(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:
1816 REBECCA RD. LUTZ, FL 33548 P.O. BOX 1528 LUTZ, FL 33546-1528
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:
SS N
DAN POMESBURG
Name 1816 Pessecca Po Florida street address (P.O. Box NOT acceptable)
LuTz FL 33548 City, State, 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

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EFFECTIVE DATE 4-9-07

ARTICLE I - Name:

(CONTINUED) Page 1 of 2

ARTIC The nan	LE IV- Ma ne and addr	nager(s) or Ma ess of each Man	naging Member(sager or Managing)	s): Member is as fo	llows:	
	= Manager 1" = Manag	ing Member	Name and	Address:		
<u>_</u> M	4R		DAN 18161 - LUTZ	Pomesb Pegeca LL 335	1 <u>26</u> 548	
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ICLE V: 1	achment if Effective dated ate is listed the date is listed the date	te, if other than the date must	ne date of filing:f be specific and ca	APRIL 9, 2 nnot be more th	2007 (OP nan five busin	TIONAL) ess days pric
REQU	IRED SIG	NATURE:			7	
	Ī	ignature of a mem	ber or an authorized	representative of	a member se	07 APR 12
			section 608.408(3), Finantitutes an affirmation d herein are true.)			2 PH I2: 03
	•	DANIE	P. POMT	SBUPG e of signee		23

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)