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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Gatorlocks, LLC

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**ARTICLES OF ORGANIZATION
OF
Gatorlocks, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Gatorlocks, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 7902 West Waters Ave, Suite F, Tampa, Florida 33615.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Marc Michalski, 7902 West Waters Ave, Suite F, Tampa, Florida 33615. Located in the County of Hillsborough.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Marc Michalski, 1763 Split Fork Drive, Oldsmar, Florida 34677



Business Filings Incorporated, Organizer
Terese Coulthard, Asst. Sec.
Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite
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FAX AUDIT # H07000102595 3CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Gatorlocks, LLC**

The name and address of the registered agent and office is Marc Michalski, 7902 Westw Waters Ave, Suite F, Tampa, Florida 33615. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Marc Michalski, Member

Date: _____

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