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DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations
SUBJECT: Harrington Investments, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ELLIOT S. Kalik (Name of Person)
Koolik Group Bealty
2499 Glades Boad Suite 103
Boca Raton, FLorida 33431 (City/State and Zip Code)
(City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call:
(City/State and Zip Code) For further information concerning this matter, please call: Elliot S. Kolik at (501) 393-9997 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address Registration Section Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Harrington Investments, LLC (Must end with the words "Limited Lipbility 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 i	s:
Principal Office Address: Mailing Address:	
2499 Glades Rd. Suite 103 2499 Glades Rd. Suite 103 BOCA Raton, Florida 33431 33431	
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: Eliot S. Koolk Name 2499 Glades Rd. Suite 103 Florida street address (P.O. Box NOT acceptable) Boar Raton FL 33431 City, State, and Zip	SECRETARY OF STATE
Having been named as registered agent and to accept service of process for the above stated limits 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature (REQUIRED)	all

(CONTINUED)
Page 1 of 2

ARTICLE I	V-	Manag	ger(s)	or	Managing	Mem	ber((s)	:
eterni			~		-			-	-

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

Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member	Elliot S. Koolik 3203 Harrington DR. Boca Rator, FL 3349	- 710	
		07	SEC
, 		MAY 16 PM 1:	THE TARY OF STAT
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date.	ate of filing: (OPT	5 IONAI	SHONS STORYS
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:			
Signature of a member	or an authorized representative of a member.		
(In accordance with section of this document constituted that the facts stated here.)	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)		
Ellio+ Type	S. KONK ed or printed name of signee		

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)