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| (Red | questor's Name |) |
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| (Add | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bus | iness Entity Na | me) |
| (Doc | ument Number | ^) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only

EFFECTIVE DATE 5.25.07



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SECRETARY OF STATE
TALL AHASSEE, FLORID

COVER LETTER

| TO: | Registration Se Division of Cor | | | | | | |
|--------|------------------------------------|--|--|---------------|--|---------------|----------------|
| SUBJI | _{ECT:} Cullimo | re-Mosspark,LLC | | | | | |
| | | فين ويون والمراجع | d Liability Compa | ny) | | | |
| The en | closed Articles of | f Organization and fee(s) are s | ubmitted for filing | | | | |
| Please | return all corresp | ondence concerning this matte | er to the following: | | | | |
| | Natalie C. I | Ross | | | | | • |
| | | (| Name of Person) | | · | | |
| | Cullimore-N | Mosspark,LLC | | | | SEI | 07 |
| | | (| Firm/Company) | | | P R . | |
| | 12912 Mo | ss Park Ridge Dr. | | | | IASSI ASSI | 1 2 5 90 S: 90 |
| | | | (Address) | | | Ü, | PH |
| | Orlando, F | L 32832 | | | | STA. | ដ ជ |
| | | (City | /State and Zip Code) | l | | D.F. | <u>ත</u> |
| For fu | rther information | concerning this matter, please | call: | | | | |
| Nata | lie C. Ross | | at (407 | 382-985 | 6 | | |
| | (Name | of Person) | (Area Code | & Daytime To | elephone Number | r) | |
| Enclos | sed is a check fo | or the following amount: | | | | | |
| \$125 | 5.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Fill Certified Copy (additional copy is | , | S160.00 Certificate of Certified Conditional control | of Status o | & |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Olivision of Clifton Bit 2661 Execution 1 | of Corporatio | ns | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Cullimore-Mosspark,LLC | | |
|--|--|----------|
| (Must end with the words "Limited Liability Compan | ny, "Limited Company" or their abbreviation "LLC," or "LC,") | |
| ARTICLE II - Address: | | |
| | of the principal office of the Limited Liability Company | is: |
| b | 64 Mr. 333 | |
| Principal Office Address: | Mailing Address: | |
| 12912 Moss Park Ridge Dr. | 12912 Moss Park Ridge Dr. | |
| Orlando, FL 32832 | Orlando, FL 32832 | 0 |
| | | _ 1 |
| | Orlando, FL 32832 | _ |
| **·* | Orlando, FL 32832 | T HA |
| ARTICLE III - Registered Agent. Re | Orlando, FL 32832 | MAY |
| ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its | gistered Office, & Registered Agent's Signature: | 7 MAY 30 |
| ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another. | 7 MAY 30 |
| (The Limited Liability Company cannot serve as its business entity with an autive Florida registration.) | rgistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another. | |
| ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its husiness entity with an active Florida registration.) The name and the Florida street address | egistered Office, & Registered Agent's Signatures: own Registered Agent. You must designate un individual or another. Sof the registered agent are: | PH |
| (The Limited Liability Company cannot serve as its business entity with an autive Florida registration.) | egistered Office, & Registered Agent's Signatures: own Registered Agent. You must designate un individual or another. Sof the registered agent are: | PH |
| (The Limited Liability Company cannot serve as its husiness entity with an active Florida registration.) The name and the Florida street address | egistered Office, & Registered Agent's Signatures: own Registered Agent. You must designate un individual or another. Sof the registered agent are: | |
| (The Limited Liability Company cannot serve as its husiness entity with an active Florida registration.) The name and the Florida street address Natalie C. Ross | rgistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or amolitar. Signature: Sig | PH |
| (The Limited Liability Company cannot serve as its business entity with an active Finrida registration.) The name and the Florida street address Natalie C. Ross 12912 Moss Park F | rgistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or amolitar. Signature: Sig | PH |
| (The Limited Liability Company cannot serve as its business entity with an active Finrida registration.) The name and the Florida street address Natalie C. Ross 12912 Moss Park F | rgistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another. Soft the registered agent are: Name Ridge Dr. | PH |

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.

Matalie C. Ross

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

EFFECTIVE DATE 5-25-07

ARTICLE I - Name:

| <u>Title:</u> | | Name and Address: |
|--|--|--|
| "MGR" = Man | | |
| "MGRM" ≃ M | anaging Member | |
| MGR | | Natalie C. Ross |
| | | 12912 Moss Park Ridge Dr. |
| | | Orlando, FL 32832 |
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| (Use attachmu | nt if necessary) | * |
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| LE V: Effective factive date is days after the | ve date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a mer | Tale C. Ross mber or an authorized representative of a member. |
| LE V: Effective factive date is days after the | ve date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a merital of this document of | Tale C. Rossember. Tale C. Rossember of a member. A ST C. Rossember of a member. |
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| LE V: Effective factive date is days after the | ve date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a merital of this document of | Tale C Rose more than five business days A Rose more or an authorized representative of a member. A Rose more than five business days A Rose more than five business days |
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