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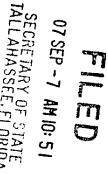
| (Requestor's | Name) |
|---------------------------------------|---------------------|
| (Address) | |
| (Address) | |
| (City/State/Zi | o/Phone #) |
| PICK-UP W | AIT MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Cer | tificates of Status |
| Special Instructions to Filing Office | cer: |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Walk-In

| Collier Enterprises I LC | OTSEP-7 MID: 51 SECRETARY OF SIATE TALLAHASSEE. FLOR |
|--------------------------|--|
| | Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File |
| | Trade/Service Mark Merger File Art. of Amend. 'File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement |
| | Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name |
| Signature | Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search |
| Requested by: Date Time | Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval |

| RICES OF ORGANIZATION FOR FL | ORDA LIVITED LIABILITY CONTACT |
|---|--|
| ARTICLE I - Name: | OT SEP -1 |
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| The name of the Emmed Diabatty Company is. | 空气 人 |
| | |
| Collier Enterprises I, LLC | ity Company, "L.L.C.," or "LLC.") |
| (Must end with the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
| | 5 |
| ARTICLE II - Address: | 74. The state of t |
| The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| (Interpal Office Address: | · |
| 118 S. Newport Avenue | 118 S. Newport Avenue |
| Tampa, FL 33606 | Tampa, FL 33606 |
| | |
| • | , |
| ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) | |
| The name and the Florida street address of the r | egistered agent are: |
| Stacy C. Frank | |
| Name | |
| • | |
| 118 S. Newport Aver | nue |
| Florida street add | iress (P.O. Box <u>NOT</u> acceptable) |
| Tampa, FL 33606 | FL |
| City, State, a | |
| , | 1 |
| liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe | accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stared agent as provided for in Chapter 608, F.S |
| | |
| Registered Agent's Signat | ture (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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Stacy C. Frank 118 S. Newport Avenue Tampa, FL 33606 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days prior 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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury

Typed 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)

Stacy C. Frank

that the facts stated herein are true.)