## Florida Department of State

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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

### **Total Package Management LLC**

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is: TOTAL PACKAGE MANAGEMENT LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

3610 KIRKPATRICK CIRCLE UNIT #9
JACKSONVILLE, FLORIDA 32210

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

WILLIAM M. GOLPHIN 5737 ELLIS TRACE DR. JACKSONVILLE, FLORIDA 32205 SECRETARY OF STATE
IVISION OF CORPORATE

07 DEC -6 AM 8: 0

Having been named as registered agent 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 complywith 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..

WILLIAM M. GOIPHIN/ Registered Agent's signature

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TOTAL PACKAGE MANAGEMENT LLC

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

QUINCY T. HARP II 3610 KIRKPATRICK CIRCLE UNIT #9 JACKSONVILLE, FLORIDA 32210

MANAGING MEMBER
WILLIAM M. GOLPHIN
5737 ELLIS TRACE DR.
JACKSONVILLE, FLORIDA 32205

MANAGING MEMBER:
MARQUES D E. SMITH
1736 EASTERN RD
SOUTH DAYTONA, FLORIDA 32119

SECRETARY OF STATE DIVISION OF CORPORATIONS

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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 penalties of perjury that the facts stated herein are true.

QUINCY T. HARP II

Typed or printed name of signee