Division of Corporations

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Florida Department of State

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To:

Division of Corporations

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From:

Account Name : CSH SERVICES, LLC Account Number : 120070000160

Phone :

(800)494-3124

Fax Number

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ORIDA/FOREIGN LIMITED LIABILITY CO

Hancock Business Services, 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: Hancock Business Services, LLC

ARTICLE II ADDRESS

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

5007 WOODLAWN CIR W

PALMETTO, FLORIDA 34221

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

WILLIAM HENRY HANCOCK 5007 WOODLAWN CIR W PALMETTO, FLORIDA 34221 OB JAN 14 AH 7:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 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..

WILLIAM HENRY HANCOCK / Registered Agent's signature

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Hancock Business Services, 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: WILLIAM HENRY HANCOCK 5007 WOODLAWN CIR W PALMETTO, FLORIDA 34221

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

WILLIAM HENRY HANCOCK

stated herein are true.

