

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

Phone : (302)575~0875

Fax Number

: (302)575-0925

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Graymondchalmers Creative Enterprises LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Graymondchaimers Creative Enterprises LLC

ARTICLE II - Address:

The mailing address of the Limited Liability Company is: 15107 Madeira Way Suite 184, Madeira Beach FL 33708 and the street address of the principal office of the Limited Liability Company is: 14950 Gulf Bivd, Madeira Beach, FL 33708.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Agents and Corporations, Inc. 300 Fifth Avenue South Suite 101-330 Naples, FL 34102

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.

Agents and Corporations, Inc.

By John Williams, Vice President

ARTICLE IV - Management (Check box if applicable.) []

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager — managed company.

ARTICLE V - Manager:

The initial Manager(s) of the Limited Liability Company shall be:

Gary Chalmers

Signature of a prember 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.)

____<u>Gary Chalmers</u> Typed or printed name of signee

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SECRETARY OF STATE
AND AMASSEE FLORID.