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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DAN TOWNSEND, LLC

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**EXAMINER** 

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SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621 ,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is: DAN TOWNSEND, LLC

#### ARTICLE II ADDRESS

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

6018 EDGEFIELD DR.

JACKSONVILLE, FLORIDA 32205

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

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

DAN TOWNSEND 6018 EDGEFIELD DR. JACKSONVILLE, FLORIDA 32205 FILED
OF CORPORATION

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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..

DAN TOWNSEND/ Registered Agent's signature

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DAN TOWNSEND, 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:
DAN TOWNSEND
6018 EDGEFIELD DR.
JACKSONVILLE, FLORIDA 32205

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.

**DAN TOWNSEND**