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## Florida Department of State

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Division of Corporations

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From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9885 08 NOV -5 AM 8: 18

SINETARY OF STATE

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

Always Tommy, LLC

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## 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:

ALWAYS TOMMY, LLC

## ARTICLE II ADDRESS

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

2200 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FLORIDA 33306

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

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

WILLIAM THOMAS MANESS 1778 NW 39TH STREET OAKLAND PARK, FLORIDA 33309

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 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 Thomas Maress WILLIAM THOMAS MANESS / Registered Agent's signature

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ALWAYS TOMMY, 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 THOMAS MANESS
1778 NW 39TH STREET
OAKLAND PARK, FLORIDA 33309

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x William Thomas Maness

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.

**WILLIAM THOMAS MANESS**