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EXAMINER

- 09 JAN 12 PHI2: 48



ACCOUNT NO. : 072100000032

REFERENCE: 855341

9666A

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AUTHORIZATION : Simel

COST LIMIT : \$ 125.00

ORDER DATE: January 12, 2009

ORDER TIME : 9:19 AM

ORDER NO. : 855341-005

CUSTOMER NO: 9666A

DOMESTIC FILING

NAME: FORT MCCOY COUNTRY DOLLAR,

LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FORT MCCOY COUNTRY DOLLAR, LLC A FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I. NAME

The name of the Limited Liability Company is "Fort McCov Country Dollar, LLC" (the "Company").

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Company is 11390 East Highway 316, Fort McCoy, FL 32134.

ARTICLE III. DURATION

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 608.401 through 608.514 of the *Florida Statutes Annotated* (the "Act") or the Company's Operating Agreement among the members (the "Operating Agreement").

ARTICLE IV. MANAGEMENT

The Limited Liability Company is to be managed by a Manager.

ARTICLE V. PURPOSE

The purpose for which the Company is being organized is to operate, whether in its own capacity or as a joint venture partner, a retail store including a store of the type commonly referred to as a "Dollar" store, and to exercise all functions related to the same including owning or leasing any real or personal property, and to transact any other lawful business approved by the Members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

ARTICLE VI. MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of

ARTICLES OF ORGANIZATION FOR FORT McCOY COUNTRY DOLLAR, LLC A FLORIDA LIMITED LIABILITY COMPANY

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the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

ARTICLE VII. AMENDMENTS

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

IN WITNESS WHEREOF, the undersigned, being one of the Members of the Company, has hereunto set his hand this 9th day of Jan, 2009.

STATE OF FLORIDA COUNTY OF MARION

The foregoing ARTICLES OF ORGANIZATION was acknowledged before me by MARIANNE E. GLORIUS, as a Member of the above named limited liability company, who is personally known to me.

Dated: this 9th day of JAN , 2009.

WALTER R. KIMES Commission DD 822942 Expires November 21, 2012 Expires November 21, 2012 Donded Theu Troy Pain Insurance 800-50-7019

Dated: this 9th day of JAN , 2009.

Commission expires _____

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Fort McCoy Country Dollar, LLC.

2. The name and address of the registered agent and office is:

Marianne E. Glorius 11390 East Highway 316 Fort McCoy, FL 32134

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.

WARIANNE E GLORIUS

Date: - リィ

, 2009