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To:

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.

SUMRALL, LLC

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EXAMINER

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SECRETARY OF STATE OIVISION OF CORPORATIONS

4-09000009108.3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F,S.

NAME The name of the Limited Liability Company is:

SUMRALL, LLC

ARTICLE I

ARTICLE II **ADDRESS**

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

1530 WOODLAWN WAY **GULF BREEZE, FLORIDA 32563**

REGISTERED AGENT, REGISTERED OFFICE & ARTICLE III REGISTERED AGENT SIGNATURE

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

TIMOTHY SUMRALL 1530 WOODLAWN WAY GULF BREEZE, FLORIDA 32563

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.

TIMOTHY SUMRALL / Registered Agent's signature

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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 ARTHUR TIMOTHY SUMRALL II 1530 WOODLAWN WAY GULF BREEZE, FLORIDA 32563 SECRETARY OF STATE DIVISION OF CORPORATIONS

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.

ARTHUR TIMOTHY SUMPALL II

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