Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 517-6383

From:

: HUBCO Account Name

Account Number : 104662003400 Phone : (516)935-3940

Fax Mumber

: (516)935-3088

LORIDA/FOREIGN LIMITED LIABILITY CO.

Total Discount Multi-Serve LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION FOR

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FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Total Discount Multi-Serve LLC

ARTICLE II - Address

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

Principal Office Address:	Mailing Address:	
3512 Okeechobee Rd.	3512 Okeechobee Rd.	
Fort Pierce, FL 34947	Fort Pierce, FL, 34947	
ARTICLE III - Registered Agent, Regi	stered Office & Registered Agent's Signature	09 APR -1
_	ner Cius	
	Name	ငှာ သ
1931	1 SW McAllister Laue	57
	(P.O. Box or Mail Drop Box NOT Acceptable)	
Port	t Saint Lucie, FL 34953 (City / State / Zip)	
at the place designated in this certificate, I her capacity. I further agree to comply with the proof my duties, and I am familiar with and accept Chapter 608, F.S.	accept service of process for the above stated limited liabilities accept the appointment as registered agent and agree to ovisions of all statutes relating to the proper and complete per the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent and agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my position as registered agent as provided the obligations of my positions are registered agent as provided the obligations as a provided the obligations are registered agent as a provided the obligations as a provided the obligations as a provided the obligations are registered agent as a provided the obligations as a provided the obligations are registered agent as a provided the obligations are registered agent as a provided the obligations are registered agent and a provided the registered agent and	act in this erformance

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ARTICLE IV - Manager(s) o	r Managing Member(s):		H0900007670) 1
The name and address of each Mar	nager or Managing Member is as follows:	•		
<u>Title:</u>	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
MGR	Walner Clus - 1931 SW McAllis	ter Lane, Port Saint I	.ucie, FL 34953	
MGR	Jean L. Joseph - 3708 6th W., Le	ohigh Acres, FL 3397	1	
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·			
REQUIRED SIGNATURE:				
	Walner Cins			
Signatur	of a member or authorized represen	tative of a member.		
documente	nce with section 608.408(3), Florida 8 onetitutes an affirmation under the pe in are true.)			
	Walner Cius			
	Typed or printed name of sig	nee		