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Attn: Incorporation Services

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Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 617-6383

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Account Number : I20070000160
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AMERIBEST PRODUCTS, L.L.C.

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Ameribest Products, L.L.C.

L09000072335

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

In Article V Don Roberts was incorrectly listed as a Managing Member. Don Roberts is a Member only.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: August 13th, 2009

Don Roberts
Signature of a member or authorized representative of a member

DON ROBERTS

Typed or printed name of signee

Filing Fee: \$25.00
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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:

AMERIBEST PRODUCTS, L.L.C.

ARTICLE II ADDRESS

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

751 ELM ST

PANAMA CITY BEACH, FLORIDA 32413

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

PO BOX 1530

SANTA ROSA BEACH, FLORIDA 32459

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

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

ARLENE CAL

751 ELM ST

PANAMA CITY BEACH, FLORIDA 32413

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.

X

ARLENE CAL / Registered Agent's signature

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AMERIBEST PRODUCTS, L.L.C.

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**

ARLENE CAL

PO BOX 1530


SANTA ROSA BEACH, FLORIDA 32459

MANAGING MEMBER

DON ROBERTS

PO BOX 1530

SANTA ROSA BEACH, FLORIDA 32459

x 
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.

ARLENE CAL

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