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| Certified Copies | Certificate | s of Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only

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SECRETARY OF STATE
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D. BRUCE

SEP 16 2009

EXAMINER

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| SUBJE | ECT: | EFFI | ZEY MORGAN | ندد | | | | | |
| | | | Name of I | Limited Li | ability Company | ' | | | |
| The en | closed Art | icles of | Organization and fee(s) |) are subm | itted for filing. | | | | |
| Please | return all | согтеѕро | ndence concerning this | matter to | the following: | | | | |
| | | | JEFFREY | MORE | JAN | | | | |
| | | | | Nam | e of Person | | | | |
| | | | | | | | | | |
| | | | | Firm | /Company | | | | |
| | | | 12444 WH | MEHOU | ASE RD | | | | |
| · | | | | | Address | • | SEE | 09 | |
| | | TA. | LANASSEE | CI | 77317 | | AM | SEP | 77 |
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| For furt | her inforn | nation co | oncerning this matter, p | | | | <u> </u> | ? ? ? | Ö |
| | EFFR | Name of | AURCIAN Person | at (_ | Area Code & Daytin | 4 - 315 ne Telephone N | | | |
| Enclos | ed is a ch | eck for | the following am່ວັນກ | ıt: | | | | | |
|]\$125.0 | 00 Filing | Fee [| \$130.00 Filing Fee Certificate of Status | s (| 155.00 Filing Fee & Certified Copy additional copy is enclose | Cert ed) Cert | .00 Filing ificate of S ified Copy tional copy i | Statu: ⁄ | s & |
| | | | Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tailahassee, FL 32314 | | Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32 | n rations enter Circle | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liebility Con | many io | |
|--|---|---|
| The name of the Limited Liability Con | npany is: | |
| | | |
| JEFFREY MOR | 2GAN UC | |
| (Must end with the words "Lin | mited Liability Company," "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | • | |
| The mailing address and street address | of the principal office of the Limited | Liability Company is: |
| D | 24.00 | |
| Principal Office Address: | Mailing Address: | |
| 124KH WHITEHOUSE RD | > | |
| TET TO THE TE | <u> </u> | . |
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| | | |
| A DITICLE III Desistened Agent De | anistand Office & Designand Agen | t'a Signatura. |
| ARTICLE III - Registered Agent, Re | | |
| | s own Registered Agent. You must designate an inc | dividual or another |
| (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) | s own Registered Agent. You must designate an inc) | dividual or another |
| (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres | s own Registered Agent. You must designate an inc) ss of the registered agent are: | dividual or another |
| (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres | s own Registered Agent. You must designate an income of the registered agent are: | dividual or another |
| (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres | s own Registered Agent. You must designate an inc) ss of the registered agent are: | dividual or another 9 SEP 16 1 ALLAHASSE |
| (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres | s own Registered Agent. You must designate an income of the registered agent are: MORGAN Name | dividual or another 9 SEP 16 PM SEGRE JARY OF |
| (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres | s own Registered Agent. You must designate an income of the registered agent are: MORCIAN Name | dividual or another 9 SEP 16 PM SEGRETARY OF |
| (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres | s own Registered Agent. You must designate an income of the registered agent are: MORGAN Name | dividual or another 9 SEP 16 1 ALL AHASSE |

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 9/16/09

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| N/LLTK = N/1271 | ager | Name and Address: |
|---|---|---|
| "MGR" = Mana "MGRM" = Ma | anaging Member | |
| MGRM | | JEFFREY MORBAN |
| | | JEFFRET MORESAN 12444 WHITE HOUSERD |
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| | <u>. </u> | LECALLA ALLA ALLA ALLA ALLA ALLA ALLA AL |
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| (Use attachmen LE V: Effective fective date is li days after the o | e date, if other than the disted, the date must be | ate of filing: <u>9-16-09</u> . (OPTIO specific and cannot be more than five business of |
| LE V: Effective fective date is li | e date, if other than the disted, the date must be late of filing.) | ate of filing: <u>9-16-09</u> . (OPTIO specific and cannot be more than five business o |
| LE V: Effective fective date is lided ays after the contractions. | e date, if other than the disted, the date must be date of filing.) IGNATURE: | specific and cannot be more than five business o |
| LE V: Effective fective date is lided ays after the contractions. | e date, if other than the disted, the date must be date of filing.) IGNATURE: | ate of filing: (OPTIO specific and cannot be more than five business of a member. |
| LE V: Effective fective date is lided ays after the contractions. | e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of member (In accordance with section | or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury |
| LE V: Effective fective date is lided ays after the contractions. | e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member of this document constit that the facts stated here | or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury |

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)