Division of Comporation

NO.004

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARPER, KYNES & GELLER, P.A.

Account Number: 070651000745 Phone : (727)799-4840

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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Justin Helms, LLC

Certificate of Status	0
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - NAME

The name of the Limited Liability Company is: Justin Helms, LLC

#### ARTICLE II - ADDRESS

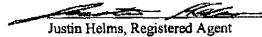
The mailing address and street address of the principal office of the Limited Liability Company is: 12413 - 91st Way North, Largo, Florida 33773.

# ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Justin Helms 12413 - 91st Way North Largo, FL 33773

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.



#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

### ARTICLE V - MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

Name and Address:

Manager

Justin Helms
12413 - 91st Way North
Largo, FL 33773

Justin Helms, Manager

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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.

Justin Helms
Typed or printed name of signee

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SECRETARY OF STATE