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### FLORIDA LIMITED LIABILITY CO.

## GatorMac LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

MAR ~ 3 2009

## FAX AUDIT # #180000 479133

# ARTICLES OF ORGANIZATION OF GatorMac LLC

ARTICLE I

NAME

The name of the limited liability company shall be: GatorMac LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 14722 NW 140 St., Alachua, Florida 32615.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: James Dufek, 14722 NW 140 St., Alachua, Florida 32615. Located in the County of Alachua.

ARTICLE IV

**DURATION** 

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

James Dufek, 14722 NW 140 St., Alachua, Florida 32615

Date: February 17, 2010

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FAX AUDIT# H 100000479133

## FAX AUDIT #

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: GatorMac LLC

The name and address of the registered agent and office is James Dufek, 14722 NW 140 St., Alachua, Florida 32615. Located in the County of Alachua.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

James Dufek

Date: 2/25/10

FAX AUDIT #