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(Requestor's Name)

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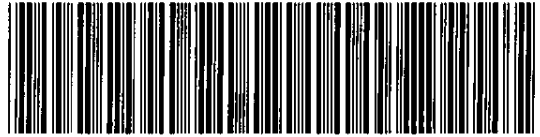
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**L. SELLERS**

MAR -4 2010

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10 MAR -3 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO: Registration Section  
Division of Corporations**

Name of Limited Liability Company

**Please return all correspondence concerning this matter to the following:**

Name of Person

Firm/Company

**Address**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

at ( 321 ) 246-3011

Area Code &amp; Daytime Telephone Number

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Kelwhip Enterprises, LLC

(Must end with the words "Limited 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:

#### Principal Office Address:

731 Dillard Street #105

Winter Garden, FL 34787

#### Mailing Address:

PO Box 608051

Orlando, FL 32860

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

K. Micheal Kellogg

Name

1098 Henry Balch Drive

Florida street address (P.O. Box **NOT** acceptable)

Orlando,

FL 32810

City, State, and Zip

*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)

(CONTINUED)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Steven M. Whipple

1098 Henry Balch Drive

Orlando, FL 32810

MGR

K. Micheal Kellogg

1098 Henry Balch Drive

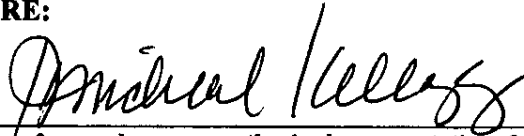
Orlando, FL 32810

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 1, 2010 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

K MICHAEL KELLOGG

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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