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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

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EXAMINER

### **"COVER LETT**ER⊷

| TO:                                  | Registration S *Division of Co |   | i e e e e e e e e e e e e e e e e e e e  |              |
|--------------------------------------|--------------------------------|---|--|--------------|
| SUBJ                                 | ECT: AIKISH                    | INDO, L.L.C.  |  |              |
|                                      | ·                              | Name of Limit   | ted Liability Company  |              |
| The er                               | nclosed Articles o             | f Organization and fee(s) are   | e submitted for filing.  |              |
| Please                               | return all corresp             | condence concerning this mat  | tter to the following:   |              |
|                                      | Todd M. Falo                   | on, Managing Member   |  |              |
|                                      |                                |   | Name of Person   | _            |
|                                      | AIKISHINDO                     | L.L.C.  |  |              |
|                                      |                                |   | Firm/Company   | <del>_</del> |
|                                      | 5053 Cello W                   | ood Lane  |  | _            |
|                                      |                                |   | Address  |              |
|                                      | Wesley Chap                    | el, Florida 33543   |  |              |
|                                      |                                |   | ity/State and Zip Code   | _            |
|                                      | tmf21969@ya                    | hoo.com   |  |              |
|                                      | <del></del>                    | E-mail address: (to be used   | for future annual report notification)   | —            |
| For fu                               | ther information               | concerning this matter, please  | ee call:   |              |
| Joseph B. Reiber at ( 813 ) 973-0883 |                                | at ( 813 ) 973-0883   |  |              |
|                                      | Name                           | of Person   | Area Code & Daytime Telephone Number   |              |
| Enclos                               | sed is a check fo              | or the following amount:  |  |              |
| <b>□</b> \$125.                      | .00 Filing Fee                 | □\$130.00 Filing Fee & Certificate of Status  | Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  |              |
|                                      |                                | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |              |

ARTICLES OF ORGANIZATION FILED

2010 MAY -5 PM 11: 47

OF AIKISHINDO, L.L.C.

SECRETARY OF STATE TAI LAHASSEE, FLORIDA

The undersigned for the purpose of forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and communities of limited liability companies for profit, declares that the following Articles shall be the Charter and authority for the conduct of business of said limited liability company.

#### **ARTICLE I**

#### **NAME**

The name of this limited liability company shall be AIKISHINDO, L.L.C.

#### ARTICLE II

#### **ADDRESS**

The street address of the principal office of this limited liability company is 5053 Cello Wood Lane, Wesley Chapel, Florida 33543. The mailing address of the principal office of this limited liability company is the same.

#### **ARTICLE III**

#### EXISTENCE

The limited liability company shall commence its existence on the date these articles of organization are filed by the Florida Department of State or on another effective date if specified. The company's existence shall be perpetual or until dissolved in a manner provided by law, or as provided in the regulations adopted by the members.

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#### ARTICLE IV

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#### REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent of the company area HASSEE, FLORIDA Joseph B. Reiber, 26650 Wesley Chapel Blvd., Ste. A, Lutz, Florida 33559.

#### ARTICLE V

#### MANAGING MEMBER

The company shall be managed by a managing member in accordance with the regulations adopted by the members for the management of the business and affairs of the company.

The name and address of the managing member of this limited liability company is as follows: Todd M. Faloon, 5053 Cello Wood Lane, Wesley Chapel, Florida 33543.

#### ARTICLE VI

#### **ADMISSION OF NEW MEMBERS**

Except as set forth in the regulations, no additional members shall be admitted to the company except with the unanimous consent of all the members of the company and on the terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company.

IN WITNESS WHEREOF, I, the undersigned organizer, have signed these Articles of Organization and acknowledge them this 29 day of 4000.

Todd M. Faloon, Managing Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true).

busagree/aikishindo.llc

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the State of Florida:

- 1. The name of the limited liability company is AIKISHINDO, L.L.C.
- 2. The name and street address of the registered agent is:

Joseph B. Reiber 26650 Wesley Chapel Blvd., Suite A Lutz, Florida 33559

#### ACCEPTANCE OF REGISTERED AGENT

Having been named as the 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. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the position of registered agent.

seph B. Reiber, Registered Agent

ted: ///ay 3\_\_\_\_\_, 2010

busagree/aikishindo.llc

