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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

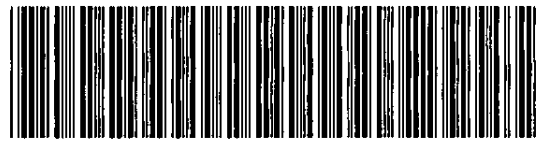
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B. KOHR

MAR 11 2011

EXAMINER

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DIVISION OF CORPORATIONS  
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# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2324  
Email: [orders@advancedincorp.com](mailto:orders@advancedincorp.com)  
Website: [www.advancedincorp.com](http://www.advancedincorp.com)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR -8 PM 4:46

NAME OF ENTITY

FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☐ PHOTOCOPY

FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP

☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT

☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN

☐ OTHER

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY

Of

APOSTILLE/CERTIFICATION REQUEST:

Country

Amount of Documents

DATE

TIME

Notes:

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DIVISION OF CORPORATIONS  
11 MAR -8 PM 4:46

**ARTICLES OF ORGANIZATION FOR  
BLIND FAMILY MANAGEMENT, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **BLIND FAMILY MANAGEMENT, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **1310 Carr Drive, Auburndale, Florida 33823**

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the managers. The name and address of the manager is:

**FREDERICK J. BLIND, IV**  
1310 Carr Drive  
Auburndale, FL 33823

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Manager,  
by: **Frederick J. Blind, IV.**

  
Dated this 4<sup>th</sup> day of March, 2011.

**Frederick J. Blind, IV**  
**Managing Member**

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of March, 2011, by  
**Frederick J. Blind, IV**, who has produced a Florida Driver License as identification.



Jeffrey M. Lasman, Notary Public

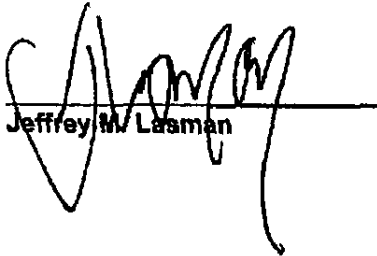
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **BLIND FAMILY MANAGEMENT, LLC**
2. The name and address of the registered agent and office is:

**Jeffrey M. Lasman  
1560 W. Cleveland St.  
Tampa, FL 33606**

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.

  
Jeffrey M. Lasman

March 4, 2011  
(Date)