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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : GILLIGAN, KING & GOODING, P.A.  
Account Number : I20010000016  
Phone : (352) 867-7707  
Fax Number : (352) 867-0237**FILED**  
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**FLORIDA LIMITED LIABILITY CO.**  
**Tieche and Tieche, LLC**

Certificate of Status	0
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**C. LEWIS**  
MAY 11 2011  
**EXAMINER**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name**

The name of the Limited Liability Company is: Tieche and Tieche, LLC

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

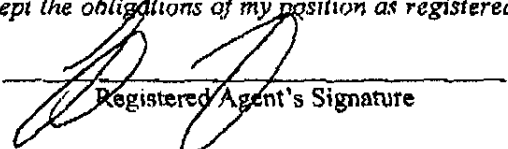
530 SE 15th Terrace  
Ocala, FL 34471

**ARTICLE III - Registered Agent, Registered Office,  
& Registered Agent's Signature**

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

Name: W. James Gooding III, Esquire  
Florida street address: 1531 SE 36th Avenue  
City, State, and Zip: Ocala, FL 34471

*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

**Article IV - Management (Check box if applicable.)**

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

(An additional article must be added if an effective date is requested)

  
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.)

W. James Gooding III, Esquire as authorized representative of a member  
Typed or printed name of signer

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