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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455~9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. Orlflo LLC

Certificate of Status Certified Copy 0 Page Count 03 \$125.00 Estimated Charge

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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ORLFLO LLC

ARTICLE II ADDRESS

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

2578 ENTERPRISE RD. UNIT 242 ORANGE CITY, FLORIDA 32763

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

HEINZ SCHWELLNUS 2578 ENTERPRISE RD. UNIT 242 ORANGE CITY, FLORIDA 32763

Having been named as 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. 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 60%, F.S.

HEINZ SCHWELLNUS / Registered Agent's signature

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ORLFLO LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MANAGERS (optional)

MANAGER
HEINZ SCHWELLNUS
2578 ENTERPRISE RD. UNIT 242
ORANGE CITY, FLORIDA 32763

MANAGER
S. FAM. ENTERPRISE INC.
3565 S LAS VEGAS BLVD. UNIT 209
LAS VEGAS, NEVADA 89109

11 MAY 10 AM 10: 00
SEURLIPS E PELORIDA
TALLAHASSEE, FLORIDA

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.

HEINZ SCHWELLNUS