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(F	Requestor's Name)	
	Address)	
(/	Address)	
(0	City/State/Zip/Phone #	F)
PICK-UP	WAIT	MAIL
(8)	Business Entity Name)
(I	Document Number)	<u></u>
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CEPARTICAL OF STATE
OFFICIALIONS
TALLAHASSEF FIRMIONS



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

App Soui 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:	Mailing Address:
8487 Southern Park Drive	8487 Southern Park Drive
Tallahassee, Florida 32305	Tallahassee, Florida 32305

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:

Amelia Gibson	
N	ame
8487 Souther	n Park Drive
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32305
Cit	y, 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..

/s/ AMELIA GIBSON	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

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/CEO	Jerrold Gibson 8487 Southern Park Drive Tallahassee, Florida 32305
	
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONA t be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date mus	the date of filing: (OPTIONA to be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date mus 0 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men of the date of the date of filing.)	the date of filing: (OPTIONAl to be specific and cannot be more than five business day mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document note the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) Gibson 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)