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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

JUL 14 2011

COVER LETTER

TO:	Registration Division of C				
SUBJE	ст: _Д	Scend Lea Name of Limited I	Liability Company	, , , , , , , , , , , , , , , , , , ,	
The end	closed Articles	of Organization and fee(s) are sub	mitted for filing.		
Please r	eturn all corres	pondence concerning this matter t	to the following:		
-	Dav	id A. Case	No of Parcon		
-		end Lead		C	
-	830	SE 36 Lav	Address		
-	Ocal	a, Florida	34471	SEGRE TALLAH	2011 JU
_	dev	E-mail address: No be used for f	ate and Zip Code	ASSET	<u> </u>
For furt	her information	E-mail address: (to be used for the concerning this matter, please can be of Person at	11:	2062 Shone Number	13 AM 9: 43
Enclose		For the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of State Certified Copy (additional copy is end	us &
		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 Ci Tallahassee, FL 32301	írcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
Ascend Lead (Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
830 SE 36 Lane Ocala, Florida 34471	830 SE 36 Lane Ocala, 1-lorida 34471
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address Colleen K	R. Casey Name Name
830 SE I	36 hanc was to

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..

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing N	dember
MGR	David A. Casey 830, SE 36 Lane Ocala, Florida 34471
MGRM	Chris Niebling 2023 Barnegat Blud. Point Pleasant, NJ 08742
(Use attachment if neces	sary)
	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ing.)
REQUIRED SIGNATU	SECRETARY TALLAHASSE
(In accordance w constitutes an af I am aware that	re of a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are the any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee
	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)