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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to		
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SECRETARY OF STATE
ALLAHASSEF FIRE



. COVER LETTER

	Régistratio Division of	n Section Corporations		
SUBJEC'	_{r:} Pług	ıltUp!, LLC		
202020			ed Liability Company	
The enclo	sed Article	s of Organization and fee(s) are	submitted for filing.	
Please ret	urn all corr	espondence concerning this mat	ter to the following:	
<u>R</u>	tobert	B. Abney, Jr.	Name of Person	
P	PlugitU	p!, LLC.		
_	_	-	Firm/Company	
3	542 D	ogwood Valley Trail		
			Address	•
<u>Ta</u>	allahass	see, FL 32312		
rb	abnev@	сіі ⊋aol.com	y/State and Zip Code	
	<u></u>		or future annual report notification)	
For furthe	r informati	on concerning this matter, please	e call:	
Robert	Abney		at (850) 510-7128	
	Na	me of Person	Area Code & Daytime Telep	shone Number
Enclosed	is a check	for the following amount:		
125,00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		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 C	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CI	10	T i	Na.	ma
Α	KII	4 . I	aPt.		เพลเ	me:

The name of the Limited Liability Company is:

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Plug	HIU	JD!.	L	LU.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address

1 THE PAR STILL TRADECTOR	Maning Madress.	
PlugitUp!, LLC.	PlugitUp!, LLC	
3542 Dogwood Valley Trail	3542 Dogwood Valley Trail	
Tallahassee, FL 32312	Tallahassee, FL 32312	

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:

Wm. Stephen Black, II

Name

1435 E. Piedmont Drive, Suite 110

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

Tallahassee

FL 32308

City, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR (86%)	Robert B. Abney, Jr.		
	3542 Dogwood Valley Trail		
	Tallahassee, FL 32312		
MGRM (8%)	Michael G. Smith, Esq.		
	P.O. 341179		
	Austin, TX 78734		
MGRM (4%)	Paul A. Tamulewicz		
	365 High Street		
	Berea, OH 44017		
MGRM (2%)	Wm. Stephen Black, It, Esq.		
	1435 E. Piedmont Drive, Suite 110		
	Tallahassee, FL 32308		
(Use attachment if necessary)			
(000 41140111101111111111111111111111111			
ARTICLE V: Effective date, if other than the			
(If an effective date is listed, the date must be	specific and cannot be more than five business days prior		
to or 90 days after the date of filing.)			
<u>REQUIRED</u> SIGNATURE:			
01-00	,		
Tobert 16	neg		
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert Abno-y
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)