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Fax Number : (850)617-6383

From:

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Account Number : 071250001512

Phone

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FLORIDA LIMITED LIABILITY CO. BROAD POCKET, LLC

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JAN 17 2012

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ARTICLES OF ORGANIZATION

OF

BROAD POCKET, LLC



ARTICLE I

The name of the limited liability company formed hereby is BROAD POCKET, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

. The principal office and mailing address of the Limited Liability Company shall be as follows:

215 North 400 East Heber City, Utah 84032

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

John C. Strickroot, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131 Audit No. H12000011471 3

ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

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		Utah 84032	ZDIZ JAN I
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		John C. Strickroot.	 / Ω2/ ω ,
		JOHN CASHICKTOON,	
•		as Authorized Representa	tive of the Member 🚆
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STATE OF FLORIDA	į		$\mathbf{S}^{\mathbb{G}}$ $\mathbf{\omega}$
)		
COUNTY OF MIAMI-DADE)		
Member, Who is personally k as identification, to be the personal	nown to mo		
In witness whereof I b	nave hereur	nto set my hand and offici	al seal this <u>13</u> day of
NOTABLE WAY		Nath of K	20 dho
	FLUREDA	Notary Public	
	odman D921378	Print Name: JUD	Tre D. ROBBUTN
	18, 2013	My Commission expires:	
RONDED THEIL AT ANTIC BOND	010 00 DIG	My Commission expires.	10/1/2013

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CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION



Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is BROAD POCKET, LLC.
- 2. The name and address of the Registered Agent and Office is:

John C. Strickroot, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

John C. Strickroot, Registered Agent

Date: // January 13, 2012

BROAD POCKET, LLC

John C. Strickroot,

as Authorized Representative

of the Member

Audit No. H

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