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Effective Date 2/29/12

SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR - 5 2012 T. HAMPTON

COVER LETTER

•	on Section f Corporations			
_{SUBJECT:} Cal	rroll & Hollen, LL	C.		
	Name of Limit	ed Liability Con	npany	
The enclosed Articl	es of Organization and fee(s) are	submitted for fil	ing.	
Please return all cor	respondence concerning this mat	ter to the followi	ng:	
Nichol	as Carroll			
		Name of Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Carrol	l and Hollen, LLC			
		Firm/Company		
2129	Bullocks Run Rd			
		Address		<u> </u>
Tallahas	see, FL 32303			
		y/State and Zip Co	xde	
n.carroll	@paperpirate.co E-mail address: (to be used to	for finner annual -		
For further informat	·		port nottreation	u)
ror turuter informat	ion concerning this matter, please	call:		
Nicholas Car	roll	at (850	, 508-38	354
Na	ume of Person		de & Daytime 7	Felephone Number
Enclosed is a chec	k for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co		\$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	Registr Divisio Clifton 2661 E	Courier Address ation Section on of Corporati Building xecutive Center assee, FL 3230	ions er Circle

Effective Date 2/29/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Carroll	&	Hollen,	L	LC.
Call Of	•	1 1011011,		

(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:
2129 Bullocks Run Rd.	2129 Bullocks Run Rd.
Tallahassee, FL 32303	Tallahassee, FL 32303

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:

Nicholas Carroll	
	Name
2129 Bullock	s Run Rd.
Florida str	eet address (P.O. Box NOT acceptable)
Tallahassee	_{FL} , 32303
C	ity. 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)

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SECRETARY OF STATE
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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 Member		
MGRM	Nicholas Carroll	
	2129 Bullocks Run Rd.	_
	Tallahassee, FL 32303	_
MGRM	Amy Hollen	
	2129 Bullocks Run Rd.	_
	Tallahassee, FL 32303	_
		_
		_
		-
		-

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 29, 2012 (OPTIONAL) (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.)

REQUIRED SIGNATURE:

Nicholes Carroll
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.)

Nicholas Carroll

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)

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