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Florida Department of State
Division of Corporations
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To:

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From:

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Phone : (813)229-7600
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jeff@zipkord.com

**FLORIDA LIMITED LIABILITY CO.
FOXWISE INDUSTRIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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D. BRUCE

SEP 10 2012

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**ARTICLES OF ORGANIZATION
OF
FOXWISE INDUSTRIES, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is FOXWISE INDUSTRIES, LLC.

ARTICLE II – Address:

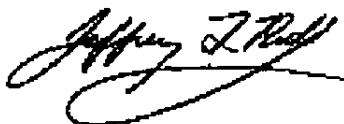
The street and mailing address of the principal office of the Limited Liability Company is:

6202 Clark Center Ave
Sarasota FL 34238

ARTICLE III – Management:

The Limited Liability Company is to be manager managed. The initial manager shall be Jeffrey Rudd.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 6th day of September 2012.



Signature of 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.)

Jeffrey Rudd

Typed or printed name of signee

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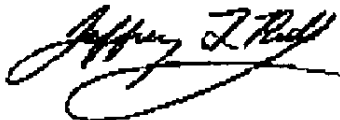
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **FOXWISE INDUSTRIES, LLC.**
2. The name and the Florida street address of the registered agent are:

Jeffrey Rudd
6202 Clark Center Ave
Sarasota FL 34238

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.



Signature

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