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OCT 10 2012

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L. SELLERS

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FLORIDA LIMITED LIABILITY CO.
Curly-May, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
FOR
Curly-May, LLC,
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I
Name**

The name of this Company shall be **Curly-May, LLC**.

**ARTICLE II
Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III
Mailing Address**

The mailing address of the principal office of this Company is Post Office Box 112, Winter Haven, FL 33882. The street address of the principal office of this Company is 147 Avenue C, SW, Suite 120, Winter Haven, FL 33880.

**ARTICLE IV
Registered Agent and Office**

The name and street address of this Company's initial registered agent for service of process in this state is as follows: Matthew D. Alexander, Esq., 141 5th Street N.W., Winter Haven, FL 33881.

**ARTICLE V
Management**

The Company is to be a manager-managed company.

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ARTICLE VI
Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this 10th day of October, 2012.


Matthew D. Alexander

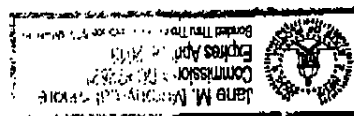
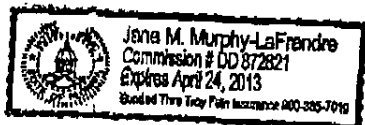
STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 10th day of October, 2012, by Matthew D. Alexander. He is personally known to me or produced his current drivers' license as identification.

(SEAL)


NOTARY PUBLIC

My commission expires: _____



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STATEMENT OF REGISTERED AGENT

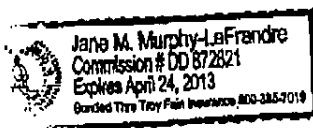
Having been named as Registered Agent and to accept service of process for Curly-May, LLC, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided in Chapter 608, Florida Statutes.


Matthew D. Alexander

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 10th day of October, 2012, by **Matthew D. Alexander**, who is personally known to me, or who produced his current drivers' license as identification.

(SEAL)




NOTARY PUBLIC

My Commission Expires: _____

