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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PULLUM & PULLUM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

J. STEPHEN PULLUM
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April 17, 2012

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: NORANN, LLC

Dear Sir/Madam:

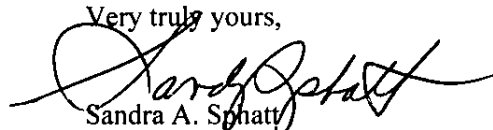
Enclosed please find our firm's check in the amount of \$155.00 to cover the following fees:

Filing Articles of Organization and Designation of Resident Agent	\$125.00
Certified Copy of Articles of Organization	30.00
Total	\$155.00

I have enclosed the original and one copy of Articles of Organization of the proposed Limited Liability Company. Please endorse your approval on the copy of the Articles of Organization, certify same and return to us together with acknowledgment of filing.

Thank you for your assistance with this matter.

Very truly yours,


Sandra A. Schatt
Legal Assistant

sas
Enclosures
cc: Mario N. Scalzi

**ARTICLES OF ORGANIZATION OF
NORANN, LLC**

ARTICLE I. NAME

The name of the Limited Liability Company ("Company") is NORANN, LLC.

ARTICLE II. ADDRESS

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

Principal Office Address:

5990 West Douneray Loop
Crystal River, Florida 34429

Mailing Address:

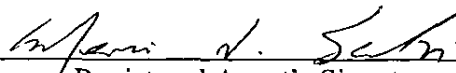
5990 West Douneray Loop
Crystal River, Florida 34429

**ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE,
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

**Mario N. Scalzi
5990 West Douneray Loop
Crystal River, Florida 34429**

Having been named as registered gent 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

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ARTICLE IV. MANAGER

The Company is to be Manager managed. The name and address of each Manager is as follows:

Title:

MGR

Name and Address:

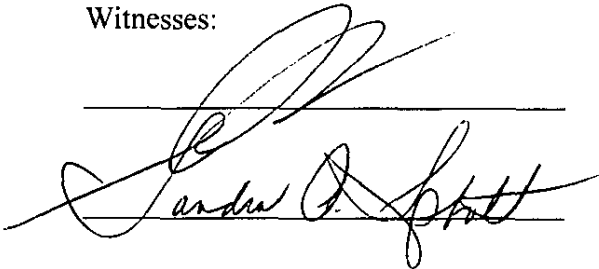
Mario N. Scalzi
5990 West Douneray Loop
Crystal River, Florida 34429

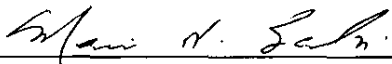
ARTICLE V. DURATION

The period of duration for the Company is perpetual, unless sooner terminated, beginning on the date these Articles of Organization are filed by the Florida Department of State.

IN WITNESS WHEREOF, these Articles of Organization have been executed on this 8th day of November, 2012, at Crystal River, Florida.

Witnesses:

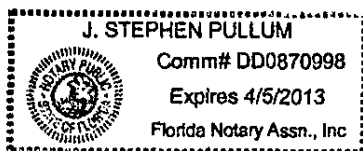





MARION N. SCALZI
"MANAGER"

STATE OF FLORIDA
COUNTY OF CITRUS

The foregoing instrument was acknowledged before me this 8th day of Nov., 2012, by MARIO N. SCALZI, as the Manager, to these Articles of Organization. Said person did not take an oath and (check one) ☐ is personally known to me, ☒ produced a driver's license (issued by a state of the United States) as identification, or produced other identification, to wit:





Printed Name _____
NOTARY PUBLIC State of Florida
Commission # _____
My Commission Expires: _____