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COVER LETTER

TO: Registration Division of C					
SUBJECT: Doe	sn't Suck LLC	·			
SUBJECT.	······································	ted Liability Compa	any		
The enclosed Articles	of Organization and fee(s) are	submitted for filing	; .		
Please return all corres	pondence concerning this mate	ter to the following	:		
Haynes	s T. Hendry				
		Name of Person			
Doesn'	t Suck LLC				
		Firm/Company	<u>-</u>		
1102 V	V Cass Street				
		Address		 	
Tampa	, FL 33606				
		ty/State and Zip Code	;		
jwalker@	hendryrea.com E-mail address; (to be used l	for future annual reno	ort notification)		
For further information	concerning this matter, please	•	ort notification)		
			0.40.00	000	
Haynes T.		_ at (813	849-60	100	
Name	of Person	Area Code	& Daytime Telepi	hone Number	
Enclosed is a check f	or the following amount:				
■\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		JAN -9 PHIL	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Doesn't Suck LLC		
(Must end with the w	words "Limited Liability Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Address:		
The mailing address and street a	address of the principal office of the Lir	mited Liability Company is:
Principal Office Address:	Mailing Address:	
1102 W Cass Street, Tampa, FL 33606	6 1102 W Cass Street, Tam	npa, FL 33606
	gent, Registered Office, & Registered	
The Limited Liability Company cannot se business entity with an active Florida region.	erve as its own Registered Agent, You must designat istration.)	te an individual or another
The name and the Florida street	address of the registered agent are:	
Haynes T. Hen	ndry	
	Name	_
_1102 W Cass \$	Street	
-	Florida street address (P.O. Box NOT accept	table)
Tampa, FL	<u>I</u> _L	_
	City, State, and Zip	
liability company at the place registered agent and agree to a all statutes relating to the proj	ed agent and to accept service of process e designated in this certificate, I hereby act in this capacity. I further agree to coper and complete performance of my during position as registered agent as providence of a providence of the complete performance of the complete performan	accept the appointment as omply with the provisions of ties, and I am familiar with
		20 FAL
	(CONTINUED)	2013 JAN -9 PH 12: 49 SEGRETARY OF STATE ALLAHASSEE, FLORIDA
		OCTATION AND ADDRESS OF THE PARTY OF THE PAR

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" ≈ Manager "MGRM" = Managing Membe	Name and Address:
MGR	Haynes T. Hendry
MGR	Sean Battaglia
_	
(Use attachment if necessary)	
	han the date of filing: January 1, 2013 . (OPTIONAL) e must be specific and cannot be more than five business days ling.)
<u>REQUIRED</u> SIGNATURE:	
Signature of a	member or an authorized representative of a member.
constitutes an affirmatio I am aware that any false	jon 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)

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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Typed or printed name of signee