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| (City/S | State/Zip/Phone | e #) |
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| Special Instructions to Fil | ing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO:- Registration Section Division of Corporations | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| SUBJECT: RPM Trade Expo LLC Name of Limited Liability Company | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Randall J Hunt | |
| Name of Person | |
| N/A $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ | |
| 20 Third Street SW Ste 2027 | |
| Address | - |
| Winter Hoven/ F7 33880 55 | 7 |
| City/State and Zip Code City/State and Zip Code City/State and Zip Code Com E-mailaddress: (to be used for futule annual report notification) | |
| For further information concerning this matter, please call: | |
| RJ Hunt at (727, 138-4848) Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times Certificate of Status \$\times Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) | |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Lim | ited Liability Company | is: | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------|-------|
| R P (Must | M Tadend with the words "Limited Li | e Expo L ability Company, "L.UC.," or "LLC." | <u> </u> | |
| ARTICLE II - Add The mailing address | | principal office of the Limit | ed Liability Company | y is: |
| Principal Office Ad | dress: | Mailing Address: | | |
| (The Limited Liability Combusiness entity with an act | pany cannot serve as its own Reive Florida registration.) orida street address of the National Plorida Street National Plorida Street WINTER | FA CX | n individual orianother P OF OR OR OR OR OR OR OR OR OR | |

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)

Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| "MGRM" = Managing Member M G R | Randall J Hunt 20 Third St Sw Ste 202 Winter Haven F1 33880 |
| | |
| | 2013 J |
| | |
| | |
| | 5.5 S |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than If an effective date is listed, the date morior to or 90 days after the date of filing | the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days .) |
| REQUIRED SIGNATURE: | |
| | |

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.)

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)