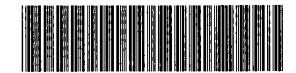
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2013 MAR 26 AM II: 56
SEGRETARY OF STATE

MAR 27 2013 D. BRUCE

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|--|--|
| SUBJECT: Ma | Net OFF Ma | A LLC. Ed Liability Company | · |
| | Name of Linna | ed Liability Company | |
| The enclosed Articles of | of Organization and fee(s) are s | submitted for filing. | |
| Please return all corresp | ondence concerning this matte | er to the following: | |
| Geri | TAD E Kuss | Name of Person | |
| | | Name of Person | |
| M | anket Off Mari | V LLC. | |
| | | Firm/Company | |
| 600 | 241 LINCOLN ST | Address | |
| | | Address | |
| | W POST Rickey, | FL 34652 y/State and Zip Code | |
| | Cit | y/State and Zip Code | SEC SEC |
| Mark | CETOFF Main 6241 | or future annual report notification) | <u> </u> |
| | E-man address: (to be used i | or future annual report notification) | 2013 HAR 26 SECRETARY |
| For further information | concerning this matter, please | call: | |
| Genaus | E Kuss | at (727) 808-2690 Area Code & Daytime Telephone Num | AMII: 56 EE FLORIDA |
| Name | of Person | Area Code & Daytime Telephone Num | ber Dim o |
| Enclosed is a check f | or the following amount: | | |
| \$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certified Copy Certific (additional copy is enclosed) Certific | Filing Fee, cate of Status & Copy (all 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 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| <u>Marke</u> | TOFF Marw LL | Libility Company, "L.L.C.," or "LLC.") | |
|--|--|--|--|
| | | only company, Entroy, or Maco, | |
| ARTICLE II - Add | | nuincinal office of the Limited Lie | shilite: Commone io |
| The maning address | s and street address of the | principal office of the Limited Lia | ionny Company is: |
| Principal Office A | ddress: | Mailing Address: | |
| rabil / min | | | |
| 1000 DOTA | CHEY FL 34652 | Same | <u> </u> |
| NEW HOIL! KI | CUTY 1-1- 31032 | | |
| (The Limited Liability Corbusiness entity with an ac | mpany cannot serve as its own Regetive Florida registration.) lorida street address of the Sergen E K Nam 6241 Linea Florida street a | che STReet address (P.O. Box NOT acceptable) | Signature: 2013 HAR 26 AM II: 56 dual or another SECRETARY OF STATE ALLAHASSEE FLORIDA |
| | | | |

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:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|--|
| MGR | GERALD E KUSS 6241 LINCOLN STREET NEW PORTKRULL, FL 34652 |
| MGR_ | Rose M Mohr 6442 Asams 3theet New Port Relax, FL 34652 |
| _ NEGR_ | James Michelle Aresant 12919 Wedgewood Dyr Hudson, EL 34667 |
| MORM | ARThun Jack Helmoieth Sn. 12837 Long Leat Drive New RONT Rickey, Fr. 34654 |
| (Use attachment if necessary) | |

ARTICLE V: Effective date, if other than the date of filing: 3-26-13 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

| REQ | UIRED | SIGNA' | TURE: |
|-----|-------|--------|-------|
|-----|-------|--------|-------|

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: constitutes a third degree felony as provided for in s.817.155, F.S.)

ERALO E Kus 5
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)