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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Mount Dora M	useum Store, l	LLC	
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			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
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ARTICLES OF ORGANIZATION FOR

The Mount Dora Museum Store, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is The Mount Dora Museum Store, LLC

2013 MAR 27 AH 9: 3: SECRETARY OF STATE

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 699 E. 5th Avenue, Mount Dora, FL 32757

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Harlow C. Middleton, 699 E. 5th Avenue, Mount Dora, FL 32757

ARTICLE IV: MANAGING MEMBER

The name and address of the initial Managing Member of the company is:

Kenneth M. Mazik, Managing Member, 699 E. 5th Avenue, Mount Dora, FL 32757

The undersigned has executed these Articles of Organization this 27th day of March 2013. "Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

Authorized Representative

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

- 1. The name of the company is: The Mount Dora Museum Store LLC
- 2. The name and address of the registered agent and office is:

Harlow C. Middleton

699 E. 5th Avenue

Mount Dora, FL 32757

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.



