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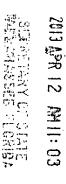
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations HIS PERSONAL 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: **E J SZARWARK** Name of Person Firm/Company 156 COLONADE CIRCLE NAPLES, FLORIDA 34103 City/State and Zip Code ejlegalsolutions@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: E J SZARWARK Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & ☐ \$160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TOTAL C	TET No-
	CLE I - Name:
i ne nai	ne of the Limited Liability Company is:
HIS PEI	RSONAL LLC
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
	LE II - Address:
The ma	iling address and street address of the principal office of the Limited Liability Company is:
	Malling Address
- Chich	al Office Address: Mailing Address:
949 CO	RNING ROAD 949 CORNING ROAD
	ILLE, TENNESSEE 37923 KNOXVILLE, TENNESSEE 37923
ARTIC	LE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The Limi	ted Liability Company cannot serve as its own Registered Agent. You must designate an individual or another entity with an active Florida registration.)
Duarness	Chirty with an active Floring (og. coation.)
The nar	ne and the Florida street address of the registered agent are:
	E J SZARWARK
	Name
	• • • • • • • • • • • • • • • • • • • •
,	158 COLONADE CIRCLE
	Florida street address (P.O. Box NOT acceptable)
	NAPLES FL 34103
	City, State, and Zip
	been named as registered agent and to accept service of process for the above stated limited
	ility company at the place designated in this certificate, I hereby accept the appointment as
regisi	ered agent and agree to act in this capacity. I further agree to comply with the provisions of
and a	atutes relating to the proper and complete performance of my duties, and I am familiar with ccept the obligations of my position as registered agent as provided for in Chapter 608, F.S
unu u	cteni ine onavamins oi my περιματί αν τενικιετνά άννη αν πετινίανο τον τη τ. πανίνε οια το Ν
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	E Danwah
	El Szarwach
	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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR MERLE LEE 949 CORNING ROAD KNOXVILLE, TM 37923 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) **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.) MERLE LEE 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)