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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 MAY -2 PM 3:43
TO ADOPTIVE
SUFFICIENT OF FILING

FILED
13 MAY -2 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 3 - 2013
EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: KATIE WONSCH

DATE: 05/02/2013

REF. #: 7749706.8755357

CORP. NAME: PARROT HOLDINGS, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70001995 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
PARROT HOLDINGS, LLC**

FILED
13 MAY -2 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

The undersigned, as the authorized representative of the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I
Name

The name of the Company is Parrot Holdings, LLC.

ARTICLE II
Initial Principal Office Street and Mailing Address

The Company's initial principal office street address and mailing address is 11215 Metro Parkway, Fort Myers, FL 33966.

ARTICLE III
Initial Registered Agent and Office

The street address of its initial registered office of the Company is 1200 South Pine Island Road, Plantation, FL 33324, and the name of its initial registered agent at that address is NRAI Services, Inc.

ARTICLE IV
Authorized Representative

The name and address of the authorized representative of the organizing member of the Company are:

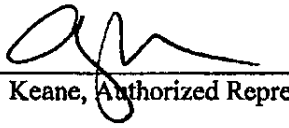
Name

Cristin C. Keane

Address

4221 W. Boy Scout Blvd.
Suite 1000
Tampa, FL 33607

Dated this 1st day of May 2013.

By: 
Cristin C. Keane, Authorized Representative

FILED

13 MAY -2 AM 9:45

ACCEPTANCE BY REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 2nd day of May 2013.

REGISTERED AGENT:

NRAI Services, Inc.

By: Emendolga Andrews