## "L13000092475

(Rec	questor's Name)	
. (Add	dress)	
(Add	dress)	<u>.                                    </u>
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000248519410

2919 JUN 26 AH 10: 20
SECRETARY OF STATE
OFFICERION

DEPARTMENT OF STATE

JUN 27 2013 D. BRUCE



OION SERVICE COMPANY	•
ACCOUNT NO. : I2000000195	
REFERENCE: 703740 7443826	
AUTHORIZATION: Complete Man	
COST LIMIT : \$ 125%00	
ORDER DATE : June 26, 2013	
ORDER TIME : 2:54 PM	
ORDER NO. : 703740-005	
CUSTOMER NO: 7443826	
DOMESTIC FILING  NAME: CHRISAL CANADIAN DISTRIBUTOR HOLDINGS USA, LLC  EFFECTIVE DATE:	ZOIS JUN 26 AM IO: 20 SECRETARY OF STATE SALLAHASSEE FLORIDA
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	ATE RIDA
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  YX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT. 52956	
EXAMINER'S INITIALS:	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Chrisal Canadian Distributor Holdings USA, LLC	W. I. C. P W. I. C. P.	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "ELC.")	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
2015 Viscount Row	2015 Viscount Row	
Orlando, Florida 32809	Orlando, Florida 32809	
Aventura, FL 33180	red Agent. You must designate an individual or another gistered agent are:  or, P.A.  ress (P.O. Box NOT acceptable)	
City, Stat	te, and Zip	
Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete and accept the obligations of my position as registered Agent's Signature.	nis certificate, I hereby accept the appoint ty. I further agree to comply with the prov performance of my duties, and I am family istered agent as provided for in Chapter (	ment as visions of liar with

(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:

"NACHE" = Manac	ner	Name and Address:	
"MGR" = Manag "MGRM" = Mar			
MGRM		Kevin Beattie	
	<del></del>	356 N. Woodlawn	
		Kirkwood, Missouri 63122	
MGR		Kevin Beattie	
	<del></del>	356 N. Woodlawn	
		Kirkwood, Missouri 63122	
	-		
		A STATE OF THE PARTY OF THE PAR	
(Use attachment	ii necessary)		
ffective date is		he date of filing: June 26, 2013 . (OPTIONAL st be specific and cannot be more than five busines)	•
ffective date is	listed, the date muriting.)	ist be specific and cannot be more than five busine	ess days
ffective date is to or 90 days after	listed, the date muriting.)	ist be specific and cannot be more than five busine	ess days  SECRETAL  SULLAHAS
ffective date is to or 90 days after	listed, the date murther the date of filing.)  GNATURE:	ist be specific and cannot be more than five busine	SES days  ALLAHASSEE  ALLAHASSEE
ffective date is it or 90 days after REQUIRED SI	disted, the date must the date of filing.)  GNATURE:  Signature of a memorordance with section 6 tutes an affirmation unc	ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.	SSEE FLOR
ffective date is it or 90 days after required SI (In acconstited in a constited in a constitution and a const	GNATURE:  Signature of a mem  cordance with section 6 tutes an affirmation und ware that any false info	ber or an authorized representative of a member.	SSEE FLOR
ffective date is it or 90 days after required SI (In acconstited in a constited in a constitution and a const	GNATURE:  Signature of a mem  cordance with section 6 tutes an affirmation und ware that any false info	ber or an authorized representative of a member.  308.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.	SECRETARY OF AULEAHASSEE F

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)