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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP Account Number : 075500004387

Phone

Fax Number

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## FLORIDA LIMITED LIABILITY CO. LIINK CAPITAL, LLC

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION OF LIINK CAPITAL, LLC

## ARTICLE I - Name:

The name of the Limited Liability Company is LIINK CAPITAL, LLC.

## ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is:

12005 Whitmarsh Lane Tampa, FL 32626

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this  $27^{+1}$  day of June 2013.

Signature of 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.)

Charles R. Brink

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is LIINK CAPITAL, LLC.
- 2. The name and the Florida street address of the registered agent are:

Michael H. Robbins Shumaker, Loop & Kendrick, LLP 101 E. Kennedy Boulevard Suite 2800 Tampa, Florida 33602

Having been named as registered agent and to accept service of process for the above stated limited liability 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.

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