

From: HKG Min Fa

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#055 001/003

5/13/2014

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : HARPER, KYNES, GELLER, GREENLEAF & FRAYMAN, P.A.  
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14 MAY 13 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Fall Protection Distributors, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY 13 PM 3:07

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: Fall Protection Distributors, LLC

**ARTICLE II - ADDRESS**

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

7436 Evesborough Lane  
Trinity, FL 34655

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Dondra J. McMullen  
7436 Evesborough Lane  
Trinity, FL 34655

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 as provided for in Chapter 605, Florida Statutes.

  
Dondra J. McMullen, Registered Agent

**ARTICLE IV - AUTHORIZED PERSONS**

The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

Title:

Name and Address:

Manager

Dondra J. McMullen  
7436 Evesborough Lane  
Trinity, FL 34655

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**ARTICLE V - MANAGERS**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

  
Dondra J. McMullen, Manager

In accordance with Section 605.0203 (1) (b), 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 Section 817.155, Florida Statutes.

Dondra J. McMullen  
Typed or printed name of signee

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