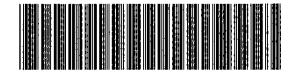
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TO:	Registration Section Division of Corporations	, F		
SUBJ	ECT: <u>DAILY DRIVEN POWER L.L.C.</u> Name of Li	mited Liability Company		
The en	closed Articles of Organization and fee(s) a	are submitted for filing.		
Please	return all correspondence concerning this n	natter to the following:		
,	KALE BROWN	Name of Person		
		Name of Ferson		
	DAILY DRIVEN POWER L.L.C.			
		Firm/Company	1	78 FX: S
,	1602 ELK SPRING DRIVE			
		Address	*	TASS.
	BRANDON FL 33511			Og B
		City/State and Zip Code		TLON TLON
<u>a</u>	dmin@dailydrivenpower.com E-mail address: (to be use	ed for future annual report notifica	tion)	\$m 1
For fu	ther information concerning this matter, ple	ease call:		
Kale I		828) 446-4838		
	Name of Person	Area Code Daytime Tel	ephone Number	
Enclos	ed is a check for the following amount:			
□ \$125.0	00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Certificate of Certified Cop (additional copy	Status & y
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

DAILY DRIVEN POWER L.L.C. (Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
	mod Entonity Company, E.E.C., or EEC.
ARTICLE II - Address: The mailing address and street address of the princi	nal office of the Limited Lightlity Company is:
the maning address and street address of the princip	par office of the Elithed Liability Company is.
Principal Office Address:	Mailing Address:
208 WEST JERSEY AVENUE	208 WEST JERSEY AVE
BRANDON FLORIDA 33510	BRANDON FLORIDA 33510
ARTICLE III - Registered Agent, Registered Off	
The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its unother business entity with an active Florida regist	own Registered Agent. You must designate an individual of tration.)
The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individual o tration.)
The Limited Liability Company cannot serve as its unother business entity with an active Florida regist	own Registered Agent. You must designate an individual of tration.)
The Limited Liability Company cannot serve as its unother business entity with an active Florida regist. The name and the Florida street address of the regist. MANUEL SEMPRIT	own Registered Agent. You must designate an individual of tration.) tered agent are:
The Limited Liability Company cannot serve as its unother business entity with an active Florida regist. The name and the Florida street address of the regist. MANUEL SEMPRIT	own Registered Agent. You must designate an individual of tration.) tered agent are:
The Limited Liability Company cannot serve as its unother business entity with an active Florida regist. The name and the Florida street address of the regist. MANUEL SEMPRIT	own Registered Agent. You must designate an individual of tration.) tered agent are:
The Limited Liability Company cannot serve as its mother business entity with an active Florida regist. The name and the Florida street address of the regist. MANUEL SEMPRIT N 208 WEST JERSEY AVE	own Registered Agent. You must designate an individual of tration.) tered agent are:

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Γitle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager MGR	MANUEL SEMPRIT	
	208 WEST JERSEY AVE	
	BRANDON FL 33510	
MGR	KALE BROWN	
	1602 ELK SPRING DRIVE	
	BRANDON FL 33511	. •
CV: Effective date, if other than the detive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9	00 day
EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9 Manuel Semprit 50%	
EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9	
ctive date is listed, the date must be f filing.) E VI: Other provisions, if any. ip percentages: Kale Brown 50% REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9 Manuel Semprit 50%	
CV: Effective date, if other than the detive date is listed, the date must be filling.) EVI: Other provisions, if any. ID DEFCENTAGES: Kale Brown 50% REQUIRED SIGNATURE: Signature of a	Manuel Semprit 50% Member or an authorized representative of a member. 605.0203 (1) (b) Florida Statutes, the execution of this document	
CV: Effective date, if other than the detive date is listed, the date must be filing.) CVI: Other provisions, if any. Depercentages: Kale Brown 50% Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in constitutes a third degree fe	Manuel Semprit 50% Manuel Semprit 50% Member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State flory as provided for in s.817.155, F.S.)	2014
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. Depercentages: Kale Brown 50% REQUIRED SIGNATURE: Signature of a	Manuel Semprit 50% Manuel Semprit 50% Member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State flory as provided for in s.817.155, F.S.)	
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