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FLORIDA LIMITED LIABILITY CO. COMPLETE CIRCLE, LLC

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AUG 1 1 2014

T. HAMPTON

ARTICLES OF ORGANIZATION OF COMPLETE CIRCLE, LLC

The undersigned subscriber to these Articles of Organization, a natural person, competent to contract, hereby executed these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

The name of this limited liability company is COMPLETE CIRCLE, LLC.

ARTICLE II.

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 11507 SW Mt. Gilead Road, Greenville, Florida 32331.

ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is KATHRYN KINSEY LEWIS LYNN, 11507 SW Mt. Gilead Road, Greenville, Florida 32331.

ARTICLE V.

The only member of this limited liability company is KATHRYN KINSEY LEWIS

LYNN. The members of this limited liability company may admit additional members to this

limited liability company by unanimous vote of the members of this limited liability company.

ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue

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the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the manager is KATHRYN KINSEY LEWIS LYNN, who shall have the right and authority to manage this limited liability company.

ARTICLE VIII.

The organizing member of this limited liability company is KATHRYN KINSEY LEWIS LYNN.

IN WITNESS WHEREOF, the said organizing member has hereunto set her hand and

seal this Stay of August, 2014.

COMPLETE CIRCLE, LLC

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Organizing Member

STATE OF FLORIDA COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared KATHRYN KINSEY LEWIS LYNN, as the organizing member of COMPLETE CIRCLE, LLC, before me known to

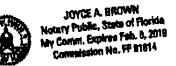
be the person described as the organizer in, and who executed the foregoing Articles of Organization, and acknowledged before me that she subscribed to these Articles of Organization.

WITNESS my hand official seal in the County and State named above this Aday of

Ans , 2014.

Notary Public

My Commission Expires:



14 AUG -8 AM 7: 25
SECNLIAN Y OF STATE
TALLAH ASSEE FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OR PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 605, Florida Statutes, the following is submitted:

COMPLETE CIRCLE, LLC, to organize or qualify under the laws of Florida, with its principal place of business at 11507 SW Mt. Gilcad Road, Greenville, Florida 32331, names KATHRYN KINSEY LEWIS LYNN, whose address is 11507 SW Mt. Gilcad Road, Greenville, Florida 32331, and whose street address is 11507 SW Mt. Gilcad Road, Greenville, Florida 32331, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

COMPLETE CIRCLE, LLC

By <u>FO-Fright Liloughewi</u>o (KATHRYN KINSEY LEWIS LYNN

Manager

Dated: Augus 7 8 , 2014

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.

CATHRYN KINSEY LEWIS LYN

Registered Agent

Dated: 445 457 8, 2014

14 AUG -8 AM 7: 25
SECNLARY OF STATE
SECNLARY OF STATE
AND A SEFF FLORIDA