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SUBJECT	· JOHN	1 HOWEY	ASSOCI.	ATES 1	_LC.			_		
		1	Name of Lim	ited Liability	Company					
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For further	information	concerning this	matter, plea	ise call:				54	24	
J5:	HN H	OWEY	at (B13) Area Code	223	5-5	396	Tan 		
	Nam	e of Person		Area Code	Daytii	me Telep	hone Numb	er		
Enclosed is	s a check for	r the following a	mount:							
□ \$125.00 Fi	iling Fee	⊠\$130.00 Fili Certificate o		Certified	Filing Fee & Copy copy is enclo	osed)	\$160.00 F Certificat Certified (additional c	te of Statu Copy	s &	I

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

HOWEY ASSOCIATES LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

121 E. WHITING ST. TAMPA, FLORIDA 3360

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOHN R. HOWEY

121 E. WHITING STREET

Florida street address (P.O. Box NOT acceptable)

 TAMPA
 FL
 33602

 City
 7in

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	JOHN R. HOWEY 121 E. WHITING ST. TAMPA, FL. 33G02
"AMBR"	MARIA H. HOWEY 121 E- WHITING ST. TAMPA, FL. 33602
(Use attachment if necessary) EV: Effective date, if other than t	he date of filing: (OPTIONAL)
E V: Effective date, if other than t	he date of filing:
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmation I am aware that any false)	the date of filing:
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmatic I am aware that any false constitutes a third degree.	of a member or an authorized representative of a member of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State