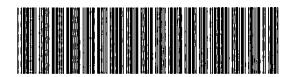
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SECRETARY OF STATE
ALL AHASSEE FLORING

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COVER LETTER

TO:	Registration Division of C	s Section Corporations		
SUBJI	CT: <u>Pelham</u>	n Holdings, LLC Name of Lir	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	<u>Michael</u>	K. Pelham	Name of Person	<u> </u>
	Pelham	Holdings, LLC	Firm/Company	
	_505 Kilge	ore Road	Address	
	Plant Cit	y, FL 33567	City/State and Zip Code	
<u>.p</u> i	elgangx6@ao	I.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther informatio	on concerning this matter, ple	ase call:	
<u>Micha</u>	rel K. Pelham Nar	ne of Person	813) 310-1472 Area Code Daytime Te	lephone Number
Enclos	ed is a check fe	or the following amount:		
□ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Ma	iling Address	Street/Courier Add	res <u>s</u>

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Pelham Holdings, LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
505 Kilgore Road	505 Kilgore Road	
Plant City, FL 33567	Plant City, FL 33567	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regis	s own Registered Agent. You must desig	
The name and the Florida street address of the regi	stered agent are:	
Michael K. Pelham		
	Name	
505 Kilgore Road	A D. NOT.	
Florida street address (P.C). Box <u>NO1</u> acceptable)	
<u>Plant City</u> City	Ft. 33567 Zip	
City	Σīb	
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept i	accept the appointment as registered age isions of all statutes relating to the proper	ent and agree to act in this r and complete performance
Ç	Signature (REQUIRED)	DEC -8 RETARY AHASSE
(CON	TINUED)	

Page 1 of 2

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Michael K. Pelham
	505 Kilgore Road
	Plant City, FL 33567
AMBR	Kathryn K. Pelham
	505 Kilgore Road
	Plant City, FL 33567
and the second s	
Llea attachmant if nacaceans	
Use attachment if necessary) V: Effective date, if other than the detive date is listed, the date must be filing.)	ate of filing:December 5, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90 o
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