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FFFECTIVE DATE 01/01/15

Office Use Only

THA O. J. SOic J.BRUCE

COVER LETTER

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|---------------------|---------------------------|--|--|---|----------|-----------------|-------------|
| SUBJECT: R | EYNO: | SO HOLDINGS EIGHT, I Name of Lie | LC nited Liability Company | | | | |
| The enclosed A | rticles o | of Organization and fee(s) a | re submitted for filing. | | | | |
| Please return all | l corres _i | oondence concerning this m | natter to the following: | | | | |
| <u>JO</u> I | HN A. I | DWYER, ESQUIRE | Name of Person | | _ | | |
| <u>JOI</u> | HN A. [| OWYER, ESQUIRE | r: /0 | | | | |
| | | | Firm/Company | | | | |
| <u>506</u> | 3 North | Alexander Street | . <u></u> | | | | |
| | | | Address | 2 | ် ကို | 2014 | |
| DI- | - 4 634 | Fl-d4- 00500 | | | - 등 | 吕 | |
| <u>Pia</u> | nt City. | Florida 33563 | City/State and Zip Code | | 222 | DEC 2 | |
| iadwyer@ | nlantci | tylawyers.com | • | | | ယ | Carrier |
| Jann Joney. | - PIMITO | E-mail address: (to be use | d for future annual report notifica | tion) _ | | 7 | 3 1 |
| For further infor | rmation | concerning this matter, ple | ase call: | , | STATE | <u>ယ</u> ှ — | ALIE WA |
| | | | | | \$ F | ΩÚ | |
| John A. Dwye | | | 813) 754-1198 | | | | |
| | Name | of Person | Area Code Daytime Tel | ephone Number | | | |
| Enclosed is a ch | eck for | the following amount: | | | | | |
| □ \$125.00 Filing I | 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 enc | s & | | |
| | Regis Divisi P.O. I | ng Address tration Section ion of Corporations Box 6327 nassee, FL 32314 | Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | ions er Circle | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | • |
|--|--|
| REYNOSO HOLDINGS EIGHT, LLC (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal off | ice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3536 Tommy Brock Place Plant City, Florida 33566 | 3536 Tommy Brock Place Plant City, Florida 33566 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a | Registered Agent. You must designate an individual or |
| Manuel Reynoso Name | |
| 3536 Tommy Brock Place Florida street address (P.O. Box 1 | LOSIA & C |
| Plant City | FL_33566 |
| City | Zip |
| the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S. |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

EFFECTIVE DATE 01/01/15

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MRG | Manuel Reynoso |
| | 3536 Tommy Brock Place |
| | Plant City, Florida 33566 |
| MRG | Graciela Reynoso |
| | 3536 Tommy Brock Place |
| | Plant City, Florida 33566 |
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| E V: Effective date, if other than the date ective date is listed, the date must be sp | of filing: <u>Junuary 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days |
| E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) | of filing: Suntage 1, 2015 . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days |
| E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. | of filing: <u>Linuary / 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days |
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| E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60) | ecific and cannot be more than five business days prior to or 90 days mber or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document |
| E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes an affirmation under the constitutes are affir | ecific and cannot be more than five business days prior to or 90 days embers and authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. |
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