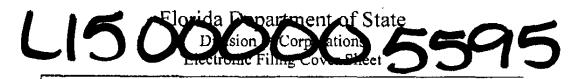
Division of Corporations



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(((H15000007012 3)))



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To:

From:

Division of Corporations

Fax Number : (850)617-6383

Account Number : I20010000112 : (302)575-0875

Fax Number

Account Name : AGENTS AND CORPORATIONS, IN : (302)575-1642

Refler the email address for this business entity to be used for motorial companies and report mailings. Enter only one artificial र्योत McEmail Address:

FLORIDA LIMITED LIABILITY CO.

Apollo Breeze, LLC

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H15000007012 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Apollo Breeze, 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:1112 Apollo Beach Blvd, Muiling Address: 613 Islobay Dr Apollo Beach fl 33572 Apollo Beach F133572

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 emity with an active Florida registration.)

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

AGENTS AND CORPORATIONS, INC.

300 FIFTH AVENUE SOUTH SUITE 101-330 Florida street address (P.O. Box NOT acceptable)

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.,

Agents and Corporations, Inc.

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

Page 1 of?

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:
AMBR	ROBERT LAFELICE 613 Islebay Dr Apollo Beach Fl 33572
AMBR	SHARON LAFELICE 613 Islebay Dr Apolio Beach Ft 33572
(Use attachment if necessary) E V: Effective date, if other than ective date is listed, the date must filling.)	the date of filing: the specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than ective date is listed, the date mus	
E V: Effective date, if other than 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 days of a member or an authorized representative of a member.
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with a constitutes an affirms I am aware that any	t be specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with a constitutes an affirms I am aware that any	t be specific and cannot be more than five business days prior to or 90 days of a member or an authorized representative of a member. The core of a member of an authorized representative of a member. The core of a member of an authorized representative of a member. The core of a member of this document of the commentation of the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)

Page 2 of 2

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