

Division of Corporations

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**U1500027769**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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**FLORIDA LIMITED LIABILITY CO.  
326Box, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

FEB 16 2015

**S. YOUNG**

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

OF

326BOX, LLC

ARTICLE I - NAME

The name of the limited liability company is 326BOX, LLC ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:  
5385 SE TAYLOR AVE  
ARCADIA, FL 34266

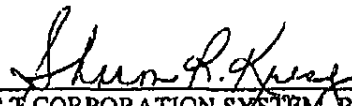
Mailing Address:  
P.O. BOX 2016  
ARCADIA, FLORIDA 34265

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

*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.*

  
C T CORPORATION SYSTEM, Registered Agent

Sharon R. Kresz  
Assistant Secretary

3559122

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**ARTICLE IV - OFFICER**

The name and address of each person authorized to manage and control the Limited Liability Company:

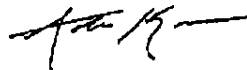
Title:

Name and Address:

PRESIDENT (P)

CHARLES W. HARRISON, JR.  
5385 SE TAYLOR AVE  
ARCADIA, FL 34266

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**ADAM C. KERLEK, ESQ., Authorized Person**  
Typed or printed name of signee

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