

Division of Corporations

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Florida Department of State

Division of Corporations
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Account Name : GREENSPOON MARLER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: jwalkeresp@gmail.com

**FLORIDA LIMITED LIABILITY CO.
THE FULL MOUNT, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

GreenspoonMarder

ATTORNEYS AT LAW

To: Division of Corporations

Company:

Fax: 18506176383

Phone:

From:

Fax:

Phone: 1026

E-mail: Isabelle.Klein@gmlaw.com

NOTES:

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**ARTICLES OF ORGANIZATION
OF
THE FULL MOUNT, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is The Full Mount, LLC.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address is PO Box 310553, Miami, FL 3323 and street address of the principal office of the Limited Liability Company is 50 SW 10th Street, #915, Miami, FL 33130.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 200 E. Broward Boulevard, Suite 1800, Fort Lauderdale, Florida 33301.

ARTICLE V - Management:

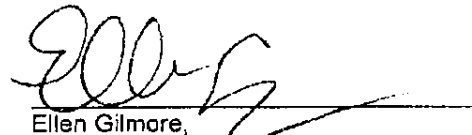
The Limited Liability Company is to be managed by a manager or managers and the name and address of the initial manager who is to serve as manager is:

James Walker
PO Box 310553
Miami, Florida 33231

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The managers of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned member has executed these Articles the 26th day of February, 2015.


Ellen Gilmore,
Authorized Representative of Member

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OR 605.0902, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

The Full Mount, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")
200 E. Broward Boulevard, Suite 1800
Fort Lauderdale, Florida 33301

By: _____

Ellen Gilmore, For the Firm

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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

Ellen Gilmore, For the Firm (Signature)

February 26, 2015
(Date)