## 11500044465

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | ress) -          |             |
| (Add                      | ress)            |             |
| (City.                    | /State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | ne)         |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |

Office Use Only



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SLOWETARY OF STATE

ANASSEE FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is:   |   |
|---|---|
|   |   |
| BREEZE ON 'N BUSINESS SOLUTIONS LLC   |   |
| (Must end with the words "Limite  | ed 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:   | Mailing Address:  |
| 9455 108 Ave Lot 270  | 6001 N A1A PMB 8124   |
| Vero Beach FL 32967   | Indian River Shores FL 32963  |
| another business entity with an active Florida registrat The name and the Florida street address of the registere  JOHNNY R. NORRIS  Nan        | ed agent are:   |
| 2110 E Baldwin Road   |   |
| Florida street address (P.O. Bo   | ox <u>NOT</u> acceptable)   |
| Panama City   | F1. 32405   |
| City  | Zip $\widehat{\mathbb{R}}^{\widehat{\mathbb{R}}}$ $\widehat{\mathbb{R}}$  |
| the place designated in this certificate, I hereby according to comply with the provision of my duties, and I am familiar with and accept the c | service of process for the above stated limited liability company if ept the appointment as registered agent and agree wat in this is of all statutes relating to the proper and complete performance obligations of my position as registered agent as probled for insurer 605, F.S. |

(CONTINUED)

Page 1 of 2

| Name and Address:  |
|--|
|  |
|  |
| DONNA DARLETTE MANESS  |
| 9455 108 Avenue Lot 270  |
| Vero Beach FL 32967  |
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| ling: (OPTIONAL)   |
| ——————————————————————————————————————   |
| Vorlette Manen   |
|  |
| r or an authorized representative of a member.  33 (1) (b). Florida Statutes, the execution of this document   |
| penalties of perjury that the facts stated herein are true.  |
| on submitted in a document to the Department of State  |
|  |
| provided for in s.817.155, F.S.)   |
| provided for in s.817.155, F.S.)   |
| provided for in s.817.155, F.S.)  MANESS   |
| MANESS   |
| provided for in s.817.155, F.S.)  MANESS  ped or printed name of signee  |
| MANESS Ded or printed name of signee  Filing Fees:   |
| MANESS Ded or printed name of signee  Filing Fees: cation and Designation of Registered Agent  |
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| MANESS Ded or printed name of signee  Filing Fees: cation and Designation of Registered Agent  |
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