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Florida Department of State  
Division of Corporations  
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From:

Account Name : GILLIGAN, GOODING & FRANJOLA  
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FLORIDA LIMITED LIABILITY CO.  
MONEL LLC

|                       |          |
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| Page Count            | 02       |
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H15000072969 3

MAR 25 2015

H15000072969 3



March 24, 2015

FLORIDA DEPARTMENT OF STATE

GILLIGAN GOODING & FRANJOLA, P.A. Division of Corporations

SUBJECT: MONEL LLC  
REF: W15000020189

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Tim Burch  
Regulatory Specialist II

FAX Aud. #: H15000072969  
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P.O. BOX 6327 - Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Monel LLC~~ **Monel of Marion, LLC**

## ARTICLE II - Address:

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

Principal Office Address:4701 NE 36th Avenue  
Ocala, FL 34479Mailing Address:P.O. Box 608  
Ocala, FL 34478

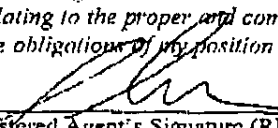
## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration).

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

Scott Sumner  
Name4701 NE 36th Avenue  
Florida street address (P.O. Box is NOT acceptable)Ocala, FL 34479  
City, State, and Zip

*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.*

  
Registered Agent's Signature (REQUIRED)FILED  
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TALLAHASSEE, FLORIDA

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H150000729693

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

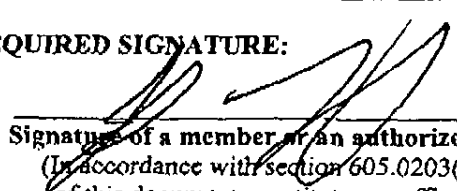
Mark Sumner  
4701 NE 36th Avenue  
Ocala, FL 34479

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**ARTICLE V:** Effective Date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing).

**ARTICLE VI:** Other Provisions, if any.

**REQUIRED SIGNATURE:**

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

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

W. James Gooding III as authorized representative

Typed or printed name of signee

E:\JG\Sumner, Mark\Moncl\Articles of Organization 3-23-15.docx

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