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15 APR I 5 PH I: 47
SECRETARY OF STATE TALLABASSEE, FLORID.

JA Pauls

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FOUNDERS INVESTMENT, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RAIDH L. AYERS Name of Person
FOUNDERS INVESTMENT LAC Firm/Company
Address Address
SARASOTA I=L 34231 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \(\text{Certificate of Status} \) \$155.00 Filing Fee \(\text{Certified Copy} \) (additional copy is enclosed) \(\text{Certified Copy} \) (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

15 APR 15 PH 1:47
SECRETARY OF STATE
ALLARASSEE, FLORID,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

FOUNDERS INVESTMENT LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

2) DO CONSTITUTION BLYD 3 (DO CONSTITUTION FLYD
SARASOTA EL 34231 BARASOTA FA 34231
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 entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
RA/ph h. Ayıs RS Namo
ス/DO CDHSF ITUTION BLUO 出164 Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34231 City 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

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	RAIDH L. AYERS 3603 M. POING Rd #202
	DSPREY FL 34229
MBR	Reborta L. DRUIS-ALORS
	_ 0 5 12 5 1 5 1 5 T
(Use attachment if necessary)	
EV: Effective date, if other than the date	of filing: (OPTIONAL)
	ecific and cannot be more than five business days prior to or 90
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ARTICLE IV-