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

From:  
Account Name : BAND, GATES, DRAMIS, P.L.  
Account Number : I20130000059  
Phone : (941)366-8010  
Fax Number : (941)366-5368

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

Email Address: jonlee1@aol.com

**FLORIDA LIMITED LIABILITY CO.  
SILAS WALKER LEE, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
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**2015-06-08**

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**ARTICLES OF ORGANIZATION  
OF  
SILAS WALKER LEE, LLC**

a Florida Limited Liability Company  
Under Chapter 605, Florida Statutes

**ARTICLE I  
NAME**

The business and affairs of the Limited Liability Company shall be conducted under the name of:

**SILAS WALKER LEE, LLC**

**ARTICLE II  
PRINCIPAL OFFICE**

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

1 South School Avenue  
Suite 501  
Sarasota, Florida 34233

**ARTICLE III  
INITIAL REGISTERED AGENT/OFFICE**

The registered office of the Limited Liability Company and its initial registered agent shall be:

Band, Gates & Dramis, P.L.  
One South School Avenue, Suite 501  
Sarasota, Florida 34237

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**ARTICLE IV**  
**MANAGEMENT POWERS**

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company. The name and address of the initial manager of the Company is:

Jon R. Lee  
1 South School Avenue  
Suite 501  
Sarasota, Florida 34237

**ARTICLE V**  
**EFFECTIVE DATE**

The effective date of the filing of these Articles of Organization shall be upon the filing of these Articles of Organization.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 4<sup>th</sup> day of June 2015.

By: 

CHAD L. GATES

Authorized Representative

SECRETARY OF STATE  
ALABAMA  
JUN 5 2015

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

Pursuant to the provisions of Chapter 605 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

I. The name of the Limited Liability Company is:

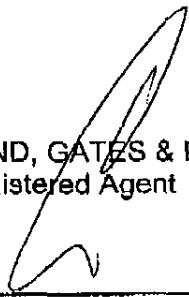
**SILAS WALKER LEE, LLC**

II. The name and the Florida street address of the registered agent is:

Band, Gates & Dramis, P.L.  
One South School Avenue  
Suite 501  
Sarasota, Florida 34237

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

BAND, GATES & DRAMIS, P.L.  
Registered Agent

By:   
Chad L. Gates  
Its Manager

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