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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850) 385-6735 Fax Number : (954)641-4192

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Email Address:

## FLORIDA LIMITED LIABILITY CO. Weston Benefit Cards of Naples, LLC

Certificate of Status	0
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Page Count	03
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## ARTICLE V - MANAGEMENT

The management of this Limited Liability Company is Manager managed and the authority of the Manager to bind this Limited Liability Company is limited as provided in its Operating Agreement.

The name and address of the Manager is:

Tom Dardani 1310 Noble Heron Way, Naples, FL 34105

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization on the date of signing.

Dated: August 3, 2015

Filings, Inc.

By Robert Hayden, Vice-President

Authorized-Representative

of a Member

Certificate designating place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

In compliance with section 605.0201, Florida Statutes, the following is submitted:

First that, Weston Benefit Cards of Naples, LLC desiring to organize or qualify under the law of the State of Florida, has named Filings, Inc., a Florida corporation, located at 3732 Northwest 16<sup>th</sup> Street, Fort Lauderdale, Florida 33311 as its agent to accept process of service within Florida.

Dated: August 3, 2015

Filings, Inc.

By Robert Hayden, Vice-President

Authorized Representative

of a Member

Having been named to accept process of service for the above stated Limited Liability Company, at the place designated in this certificate, I hereby 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.

Dated: August 3, 2015

Filings, Inc.

By Robert Hayden, Vice-President