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SECRETARY OF STATE
TALLAHASSEE FLORIDA

144

November 5, 2015

Florida Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32301

Subj: Articles of Organization - CAROLINA WOODCRAFT, LLC

Dear Sir:

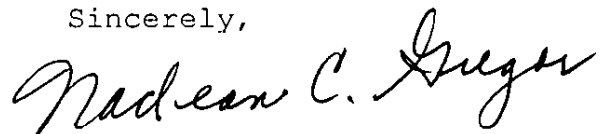
Enclosed please find the following:

1. The original and one copy of the Articles of Organization for the subject limited liability company. Please certify one copy and return it to the undersigned.
2. My check in the amount of \$155.00 to cover the filing fees.
3. Designation of Resident Agent.

Kindly acknowledge filing of these Articles of Organization in compliance with Florida law and return the certified copy of the Articles of Organization to the undersigned at Atlantic Nonlawyer Services, Inc., 1592 N. Highway A1A, Satellite Beach, FL 32937. Telephone Number (321) 773-2020.

Thank you for your assistance in this matter.

Sincerely,



NADEAN C. GREGOR

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ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAROLINA WOODCRAFT, LLC

ARTICLE I. NAME

The name of this Limited Liability Company is

CAROLINA WOODCRAFT, LLC

ARTICLE II. DURATION

This Limited Liability Company shall have perpetual existence.

ARTICLE III. PURPOSE

This Limited Liability Company is organized for the purpose of transacting any or all lawful business.

ARTICLE IV. PRINCIPAL OFFICE AND MAILING ADDRESS

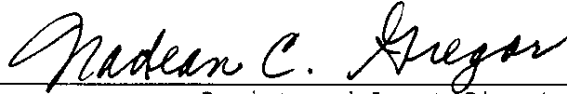
The principal office of the limited liability company is located at 408 Hawk Street, Unit A, Rockledge, FL 32955 and the mailing address of the limited liability company is 408 Hawk Street, Unit A, Rockledge, FL 32955.

ARTICLE V. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

ATLANTIC NONLAWYER SERVICES, INC.
1592 North Highway 1A
Satellite Beach, FL 32937

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 with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent Signature

ARTICLE VI. MANAGEMENT

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

PHILIP D. GOINS - "AMBR"
2060 Temple Avenue
Merritt Island, FL 32953

BEVERLEY C. GOINS - "AMBR"
2060 Temple Avenue
Merritt Island, FL 32953

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TALLAHASSEE, FLORIDA

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AND
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ARTICLE VII. AMENDMENTS

This limited liability company reserves the right to amend or repeal any provision contained in these Articles of Organization, or any amendment hereto.

IN WITNESS WHEREOF the undersigned member has executed these
articles of organization on this 5th day of November, 2015.



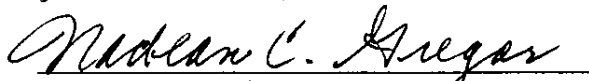
PHILIP D. GOINS

(In accordance with Section 605.0203 (1)(b), Florida Statutes, the executive 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.)

STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared PHILIP D. GOINS to me known to be the person described as member in and who executed the foregoing Articles of Organization, and who acknowledged before me that he subscribed to those Articles of Organization.

WITNESS my hand and official seal in the County and
State named above this 5th day of November, 2015.



Notary Public



NADEAN C GREGOR
MY COMMISSION # EE832646
EXPIRES September 05, 2016
FloridaNotaryService.com