

1/13/2016

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

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**FLORIDA LIMITED LIABILITY CO.
MeddleWorks LLC**

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| Certificate of Status | 0 |
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FAX AUDIT # H1100000104943

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
MeddleWorks LLC**

ARTICLE I NAME

The name of the limited liability company is: MeddleWorks LLC

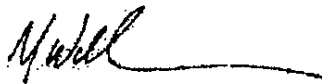
ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 15842 SW County Road 346, Archer, Florida 32618.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: Mark Williams, A.V.P. Business Filings Incorporated

Date: December 31, 2015

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: Joseph Blasak, 15842 SW County Road 346, Archer, Florida 32618

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ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Joseph Blasak
Joseph Blasak, Organizer

Date: 31 DEC 15

Authorized Representative

(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.)

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