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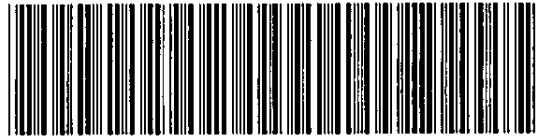
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 23 2016

T SCHROEDER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CPIC Holding Company, 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:

Wes Strickland

\_\_\_\_\_  
Name of Person

Colodny Fass, P.A.

\_\_\_\_\_  
Firm/Company

215 South Monroe Street, Suite 701

\_\_\_\_\_  
Address

Tallahassee, Florida 32301

\_\_\_\_\_  
City/State and Zip Code

wstrickland@colodnyfass.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wes Strickland

850

321-3475

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

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\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
CPIC HOLDING COMPANY, LLC**

Pursuant to the provisions of chapter 605, Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, the following are the Articles of Organization for **CPIC Holding Company, LLC** (the "Company"):

1. Name. The name of the Company is **CPIC Holding Company, LLC**.
2. Mailing Address and Principal Office. The Company's mailing address and principal office shall be located at:

2255 Killearn Center Blvd.  
Tallahassee, FL 32309

3. Initial Registered Agent and Office. The name and address of the initial registered agent and registered office in Florida for the Company are:

Colodny Fass, P.A.  
215 South Monroe St.  
Suite 701  
Tallahassee, Florida 32301

*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, Florida Statutes.*

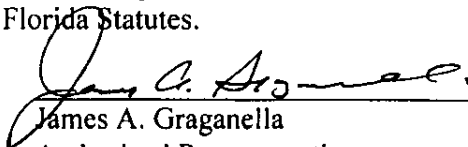
Colodny Fass, P.A.

By: \_\_\_\_\_

Nate Wesley Strickland, Partner

**FILED**  
**FEB 23 PM 1:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**IN WITNESS WHEREOF**, this document is executed this 23 day of February 2016 in accordance with section 605.0203(1)(b), Florida Statutes. 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 section 817.155, Florida Statutes.

  
\_\_\_\_\_  
James A. Graganella  
Authorized Representative