

I certify that all of the facts stated in these Articles of Organization are true and correct and are made for the purpose of forming a business limited liability company under the laws of the State of Florida.

Dated: 2-17-2016

Hank H. Berry
Signature of Organizer

HANK H. BERRY
Printed Name of Organizer

State of Florida
County of Okaloosa

Before me, on Feb. 17th, 2016, personally appeared Hank H. Berry, named as the organizer, who is known to me to be the person who subscribed his or her name to this document, and acknowledged that he or she did so for the purposes stated.

Teresa F. Johnston
Signature of Notary Public



Notary Public, In and for the County of Okaloosa
State of Florida

My commission expires: March 21, 2017 Notary Seal

I acknowledge my appointment as registered agent of this limited liability company and accept the appointment.

Dated: February 17, 2016

Wette B. Berry
Signature of Registered Agent

Wette B. Berry
Printed Name of Registered Agent

L1600004/574

Form with fields for (Requestor's Name), (Address), (City/State/Zip/Phone #), (Business Entity Name), (Document Number), and checkboxes for PICK-UP, WAIT, MAIL.



EFFECTIVE DATE 02/19/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Brady Group LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

16 FEB 24 PM 2:00

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1390 North Hancock Road

Clermont, Florida

34711

Mailing Address:

1390 North Hancock Road

Clermont, Florida

34711

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Terra L Brady

Name

JB South

310 ~~North~~ Galena Avenue

Florida street address (P.O. Box **NOT** acceptable)

Minneola

Florida

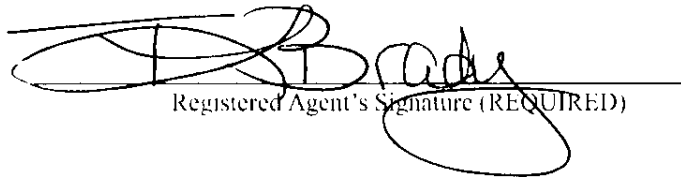
34715

City

State

Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

Name and Address:

Thomas A. Brady

310 South Galena Avenue

Minneola, Florida 34715

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/19/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed 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 s. 817.155, F.S.

Terra L. Brady

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)