

L16000102597

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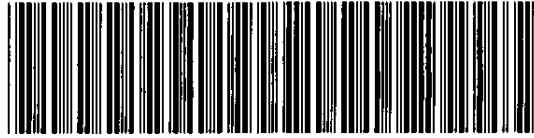
(Business Entity Name)

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Date: 5-26-16

ENTITY NAME:

SEL LEASING LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125-

CHECK NUMBER: 2534

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

SEL LEASING LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

1699 SW SUNSET TRAIL

PALM CITY, FLORIDA 34990

The mailing address of the Limited Liability Company is:

PO BOX 1067

PALM CITY, FLORIDA 34991

SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 MAY 26 PM 4: 25

ARTICLE III REGISTERED AGENT

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

JEREMY LEMASTER

1699 SW SUNSET TRAIL

PALM CITY, FLORIDA 34990

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.

X

JEREMY LEMASTER / Registered Agent's signature

PAGE 2 SEL LEASING LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

JEREMY LEMASTER

1699 SW SUNSET TRAIL

PALM CITY, FLORIDA 34990

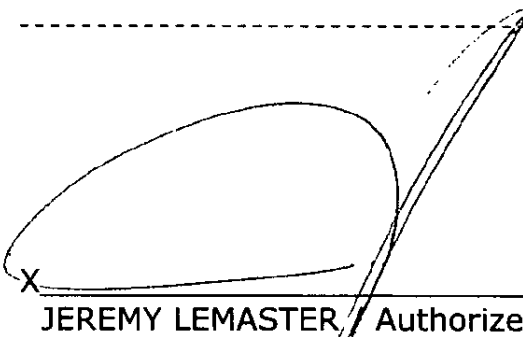
AUTHORIZED MEMBER

JESSICA LEMASTER

1699 SW SUNSET TRAIL

PALM CITY, FLORIDA 34990

16 MAY 26 PM 4:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA



X JEREMY LEMASTER / Authorized Representative's signature

(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.)