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

From: Account Name : MOMBACH, BOYLE & HARDIN, P.A.
Account Number : 074143000064
Phone : (954) 467-2200
Fax Number : (954) 467-2210

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

Email Address: sjc@listindustries.com

**FLORIDA LIMITED LIABILITY CO.
LIST FINANCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
16 MAY 27 PM 3:41
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
LIST FINANCE LLC

The undersigned, as the authorized representative of the initial member(s) of **LIST FINANCE LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I
COMPANY NAME

The name of the Company is **LIST FINANCE LLC**.

ARTICLE II
MANAGEMENT

The Company will be a manager managed company.

ARTICLE III
MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address, the street address and e-mail address of the principal office of the Company is:

401 Jim Moran Boulevard
Deerfield Beach, Florida 33442
e-mail: sic@listindustries.com

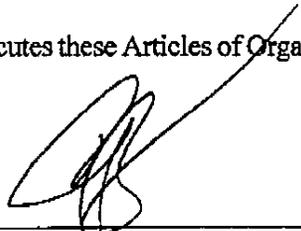
SECRETARY OF STATE
TALLAHASSEE FLORIDA
16 MAY 27 AM 11:23

ARTICLE IV
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle
Mombach, Boyle, Hardin & Simmons, P.A.
100 N.E. Third Avenue, Suite 1000
Fort Lauderdale, Florida 33301

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 27 day of May, 2016.



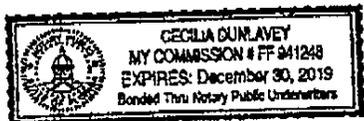
CONRAD J. BOYLE

(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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STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 27 day of May, 2016, by
CONRAD J. BOYLE, who is personally known to me or who has produced a Florida
driver's license as identification.



Cecilia Dunlavy

Notary Public - State of Florida
My Commission Expires:
Commission Number:

Having been named as registered agent and to accept service of process for the above 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.

DATED this 27 day of May, 2016.

[Signature]

CONRAD J. BOYLE

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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