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| Special Instructions to | Filing Officer: | |
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SEGRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE FLORIDA

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|------------|---|-------------------|--|---|
| SUBJEC | AFDIP LLC | | | |
| 3003120 | | Limited Liabilit | ty Company | |
| The encl | osed Articles of Organization and fee(s |) are submitted | for filing. | |
| Please re | turn all correspondence concerning this | matter to the fo | ollowing: | |
| | Christopher Tolbert | | | |
| | | Name of l | Person | |
| | | | | |
| | | Firm/Cor | mpany | |
| | PO Box 3243 | | | |
| | | Addre | ess | , |
| | Pensacola, FL 32516 | | | |
| | | City/State and | d Zip Code | |
| | E-mail address: (to be u | sed for future an | nnual report notification) | - |
| For furthe | r information concerning this matter, pl | ease call: | | |
| | Christopher Tolbert | 850 | 336-3435 | |
| | Name of Person | , | Daytime Telephone Number | |
| Englose | l is a check for the following amount: | | | |
| | Filing Fee \$130.00 Filing Fee & Certificate of Status | └─Certifie | 0 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclo | |
| | 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 FOR FLORIDA LIMITED LIABILITY COMPANY

| AFDIP LLC | | | |
|---|---|--|--|
| (Mus | t end with the words "Limited L | iability Company | , "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | | | |
| The mailing address and st | reet address of the principal offi | ce of the Limited | Liability Company is: |
| . D. | incipal Office Address: | | Mailing Address: |
| . <u>F</u> I | incipal Office Address. | | Waning Address. |
| 3240 Sundial C | Circle | <u>PO I</u> | Box 3243 |
| | | | |
| Cantonment, F ARTICLE III - Registere (The Limited Liability Coranother business entity with | d Agent, Registered Office, & | Registered Agent Segistered Agent Segister | nt's Signature: You must designate an individual or |
| ARTICLE III - Registere (The Limited Liability Cor another business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration. | Registered Agent Segistered Agent Segist | nt's Signature: |
| Cantonment, F ARTICLE III - Registere (The Limited Liability Coranother business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration. street address of the registered a Christopher Tolbert | Registered Agent Segistered Agent Segist | nt's Signature: |
| ARTICLE III - Registere (The Limited Liability Cor another business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration. street address of the registered a Christopher Tolbert | Registered Agent Segistered Agent Segist | nt's Signature: |
| Cantonment, F ARTICLE III - Registere (The Limited Liability Coranother business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration. street address of the registered a Christopher Tolbert | Registered Agent (Spent Agent | nt's Signature: You must designate an individual or |
| Cantonment, F ARTICLE III - Registere (The Limited Liability Coranother business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration. street address of the registered a Christopher Tolbert 3240 Sundial Circle | Registered Agent (Spent Agent | nt's Signature: You must designate an individual or |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

PH 3: 56

Page 1 of 2

| "AMBR" = Authorized Member "MGR" = Manager MGR | |
|---|---|
| | |
| MGR | Oh ta a Thurst |
| | Christopher Tolbert |
| | 3240 Sundial Circle |
| | Cantonment, FL 32533 |
| MGR | Derek Hawes |
| | 6429 Ingalls Street |
| | Arvada, CO 80003 |
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| cument's effective date on the Department of | eet the applicable statutory filing requirements, this date will not be a f State's records. |
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| CLE VI: Other provisions, if any. | |
| CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | <i></i> |
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· · · ARTICLE IV-