Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000179356 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SUNBIZ SUPPORT, LLC

Account Number : 120160000052 Phone

: (407)369-8000

Fax Number

: (407)992-8637

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. CHEAPER THAN YOUR GUY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

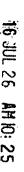
Electronic Filing Menu

Corporate Filing Menu

Help

JUL 2 7 2016

T. SCOTT



Page 2 of 3 (((H16000179356 3))) AUDIT NUMBER: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: CHEAPER THAN YOUR GUY, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 1021 NW 55TH TERRACE 1021 NW 55TH TERRACE MIAMI, FL 33127 MIAMI, FL 33127 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

another business entity with an active Florida registration.)

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

SunBiz Support, LLC 16913 Lakeside Drive Montverde, FL 34756

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

16 JUL 26 M 10: 25

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..

Gina Jenkins, Juno Jenkuno

Registered Agent's Signature (REQUIRED)

AUDIT NUMBER:

(((H160001793563)))

Page 2 of 3

age 3 of 3			AUDIT NUMBER: _	(((H16000179356 3)))
	ARTICLE IV- The name and address o	feach person authorized t	o manage and control the Limited	Liability Company:
"	Title: 'AMBR" = Authorized 'MGR" = Manager AMBR	Member	Name and Address:  CHRISTOPHER ALLEN 1021 NW 55TH TERRACE MIAMI, FL 33127	
-				
RTICLE If an effected date of	ctive date is listed, the filing.)	ther than the date of filing: date must be specific and	cannot be more than five busines	ss days prior to or 90 days afte
he docun		the Department of State's fany.	records.	
]	Si This do	URE:  onic Signature: //S// Comment of a member or current is executed in acc	CHRISTOPHER ALLEN  an authorized representative of a cordance with section 605.0203 (1) tion submitted in a document to the	a member. (b), Florida Statutes.
	constitu	tes a third degree felony a CH:	s provided for in s.817.155, F.S. RISTOPHER ALLEN or printed name of signee	

AUDIT NUMBER: (((H16000179356 3)))