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COVER LETTER

10: Registration Section Division of Corporations		
SUBJECT: No Way Out LLC." Name of Limited Liability Company		
· Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Christopher Dakota Veneyer Name of Person		
No Way Out" LLC." Firm/Company		
2509 & Coral Trace Circle		
Address		
Delray Beach, FL, 33445 City/State and Zip Code		
City/State and Zip Code Dakota Veneyer @ com cast. net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Christopher Vemeyer at (954) 655-2745 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$155.00 Filing Fee \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\$\$ Certified Copy (additional copy is enclosed)		
Mailing Address New Filing Section New Filing Section		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	LED
No Way Out "LLC."	ompany, "L.L.C.," or "LLC.") inited Liability Company is:
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L.	Limited Liability Company is:
Principal Office Address:	Mailing Address:
2509 S Coral Trace Circle Delray Beach FL, 33445	2509 S Coral Trace Gircle Delray Beach, FL, 33445
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent)	

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

another business entity with an active Florida registration.)

Christopher Dakota Vemeyer

Name

2509 S Coral Trace Circle

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

Delray Beach FL, 33445

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)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
CV. MARGOR AMBR	Christopher Dakota Vemeyer.	
N.	Delray Beach, FL, 33445	
Managa AMBR	Katherine Bradshow Vemeyer 2509 & Corol Trace circle Delray Beach FL, 33445	
<u> </u>		
(Use attachment if necessary)		
he date of filing.)	ad cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as	
ARTICLE VI: Other provisions, if any.		
	,	
REQUIRED SIGNATURE:	my de	
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.		
Christopher Dakota Veneyer 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)