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SLURETARY OF STATE TALLAHASSEE, FLORIDA

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 8-4-16
ENTITY NAME:
FLORIDA AREA MANAGEMENT2, LLC
PLEASE FILE THE ATTACHED AND RETURN:
XX Plain Copy
Certified Copy
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: 2752 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 FILED FLORIDA LIMITED LIABILITY COMPANY16 AUG -4 PM 2: 16

SLOKETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

FLORIDA AREA MANAGEMENT 2, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2011 W PLATT STREET TAMPA, FLORIDA 33606

ARTICLE III REGISTERED AGENT

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

BRYON R APONTE
2011 W PLATT STREET
TAMPA, FLORIDA 33606

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.

BRYON R APONTE / Registered Agent's signature

FILED

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ARTICLE IV AUTHORIZED PERSON(S)

SLUMETARY OF STATE TALLAHASSEE, FLORIDA

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

AUTHORIZED MEMBER BRYON R APONTE 2011 W PLATT STREET TAMPA, FLORIDA 33606

BRYON R APONE A Muthorized 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.)