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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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WE CRETARY OF THE PARKET AND STATES

COVER LETTER

| | egistration Section ivision of Corporations | |
|----------------------|--|--|
| | 2 | o LLC |
| SUBJECT | · · · · · · · · · · · · · · · · · · · | |
| | Name of Limited | Liability Company |
| The enclose | ed Articles of Organization and fee(s) are sub | omitted for filing. |
| Please retur | rn all correspondence concerning this matter | to the following: |
| | SARA S. PAGA | NO |
| | N | ame of Person |
| | SUE PAGANO | LLC |
| | F | irm/Company |
| | 2 //2 | |
| | 9002 HAYMARILE | TLANE |
| | | Address |
| | 00ESSA, FLORIDA | State and Zip Code Co, net future annual report notification) |
| | City/S | state and Zip Code |
| _ | Suepayers & Verizo | nnet |
| | E-mail address: (to be used for t | future annual report notification) |
| For further in | nformation concerning this matter, please call | l: |
| | | |
| | Jue Padans at 813 | 3 , 785-4166 |
| • | Sue Pagano at 813 Name of Person Area C | Code Daytime Telephone Number |
| | | |
| Enclosed is | a check for the following amount: | |
| \$ 125.00 Fil | ling Fee \$130.00 Filing Fee & | \$155.00 Filing Fee & \$160.00 Filing Fee, |
| | Certificate of Status | Certified Copy —— Certificate of Status & |
| | (ac | dditional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | | (additional copy is elicitosed) |
| | Mailing Address | Street Address |
| | New Filing Section | New Filing Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | | Pagino | LLC |
|--|--|--|--|
| (Must end | with the words "Limited L | iability Company, "L.L | .C.," or "LLC.") |
| ARTICLE II - Address: | | | |
| he mailing address and street a | ddress of the principal offic | ce of the Limited Liabil | lity Company is: |
| | al Office Address: | | Mailing Address: |
| 9002 Hay | Market Lone | 900 | 2 Haumarkot |
| | Q- 1000 - 0- | / • • | - 1.00-170101760 |
| RTICLE III - Registered Ag | ent, Registered Office, & | Registered Agent's Siegistered Agent. You m | |
| ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an | ent, Registered Office, & cannot serve as its own Reactive Florida registration.) | Registered Agent's Siegistered Agent. You m | gnature: nust designate an individual or |
| ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an a | ent, Registered Office, & cannot serve as its own Reactive Florida registration.) | Registered Agent's Siegistered Agent. You m | gnature: nust designate an individual or |
| ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an | ent, Registered Office, & v cannot serve as its own Reactive Florida registration.) address of the registered as | Registered Agent's Siegistered Agent. You m gent are: S. Pagen | gnature: nust designate an individual or |
| ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an | ent, Registered Office, & v cannot serve as its own Reactive Florida registration.) address of the registered as | Registered Agent's Siegistered Agent. You m gent are: S. Pagen | gnature: nust designate an individual or |
| ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an | ent, Registered Office, & v cannot serve as its own Reactive Florida registration.) address of the registered as | Registered Agent's Siegistered Agent. You m gent are: S. Pagen | gnature: nust designate an individual or |
| ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an | ent, Registered Office, & cannot serve as its own Reactive Florida registration.) | Registered Agent's Siegistered Agent. You m gent are: S. Pagan Name Aymarket P.O. Box NOT accepta | gnature: nust designate an individual or Lance ble) |

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

2016 SEP 16 PM 3: 25
PALLAHASSE DE STATE

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager | |
| non | Sue Pagano |
| | Sue Pagaro 9002 Haymarket Lone |
| | odersa, FL 33556 |
| AMBR | D. L. Paran |
| | 900 Per Tayano |
| | Robert Pagans 9002 Hay Market Lana Odesse, Fl 33556 |
| | wester, Ft 32338 |
| | |
| | |
| | |
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| | |
| | |
| | |
| (Use attachment if necessary) LE V: Effective date, if other than the date | te of filing: 10 /01/Z016 (OPTIONAL) |
| LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) | specific and cannot be more than five business days prior to or 90 timeet the applicable statutory filing requirements, this date will not |
| LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not not of State's records. |
| LE V: Effective date, if other than the date fective date is listed, the date must be so filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material transfer of the document is exectly am aware that any fall. | specific and cannot be more than five business days prior to or 90 timeet the applicable statutory filing requirements, this date will not |
| LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material of the document is exected any aware that any fall. | member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State. |

ARTICLE IV-

Page 2 of 2

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)

2016 SEP 16 PH 3: 25