L1600179937

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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16 SEP 27 AH II: 26

C. GOLDEN SEP 2 7 2016 16 SEP 27 FE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| | <u> </u> | | |
|---|---------------------|-----|------------------|
| CONSTANT GROV | WTH LLC | | |
| | | | CHILDS |
| Signature Requested by: Name Walk-In | Date T Will Pick Up | ime | Art of Inc. File |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Namo:

The name of the Limited Liability Company is:

16 SEP 27 PL 4 43

CONSTANT GROWTH LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

| Principal Office Address: | Malling Address: |
|---------------------------|------------------|
| 646 WOODLAWN DRIVE | 10005 ANAHUAC TR |
| BRADENTON FL 34210 | AUSTIN, TX 78747 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| DEBORAH DIAL | | |
|-----------------------|-------|------------|
| | Name | |
| 646 WOODLAWN | DR | |
| Florida street addres | | cceptable) |
| BRADENTON | FL | 34210 |
| City | Ctata | 7in |

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 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| MGR" = Manager MGR ROBERT DIAL 10005 ANAHUAC TR AUSTIN TX 78747 AMBR DEBORAH DIAL 446 WOODLAWN DR BRADENTON FL 34210 V: Effective date, if other than the date of filing: | Title: | Name and Address: |
|--|--|--|
| MGR ROBERT DIAL 10003 ANAHUAC TR AUSTIN TX 78747 DEBORAH DIAL 646 WOODLAWN DR BRADENTON FL 34210 W. Effective date, if other than the date of filing: (OPTIONAL) stive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI. Other provisions, if any. EQUIRED SIGNATURE: X Signature of a member or an authorized representative of a member. This document is executed in accordance with section 505.0203 (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. ROBERT DIAL Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) | "AMBR" = Authorized Member | |
| Use attachment if necessary) V: Effective date, if other than the date of filing: V: Effective date, if other than the date of filing: (OPTIONAL) Live date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing. In this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: X Signature of a member or an authorized representative of a member. This document is executed in secondance 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. ROBERT DIAL Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) | | BORGET DIAL |
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