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C. GOLDEN SEP 2 9 2016

ACCOUNT NO. : I2000000195 REFERENCE: 309006 **AUTHORIZATION:** COST LIMIT : ORDER DATE: September 27, 2016 ORDER TIME : 1:04 PM ORDER NO. : 309006-005 CUSTOMER NO: 3487A DOMESTIC FILING NAME: ADVOCATES FOR DISABLED VETS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 SEP 27 14 8: 21

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVOCATES FOR DISABLED VETS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6331 PORTER ROAD SARASOTA, FLORIDA 34240 631 PORTER ROAD SARASOTA, FLORIDA 34240

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:

RICHARD S. WEBB, IV, ESQ.

Name

C/O ICARD MERRILL, 2033 MAIN STREET, #600

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

SARASOTA, FLORIDA 34237

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

MGR* = Manager MGR	HARRY J. BINDER 6331 PORTER ROAD SARASOTA, FLORIDA 34240 MGR CHARLES E. BINDER 6331 PORTER ROAD SARASOTA, FLORIDA 34240 CHARLES E. BINDER 6331 PORTER ROAD SARASOTA, FLORIDA 34240 SARASOTA, FLORIDA 34240 COPTIONAL) 2. V: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not tent's effective date on the Department of State's records. E. VI: Other provisions, if any. REOLURED SIGNATURE: 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. HARRY J. BINDER Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Citle:	Name and Address:
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