Lloco181351

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | • #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Dc | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | Office Use Onl | ly |



09/28/16-01013-003 **125.00

DEPARIMENT OF STATE 16 SEP 28 PH I2: 33



| | WALK IN PICK UP: 9-28 (| 6 |
|-----|--|---|
| | CERTIFIED COPY | |
| ¢ | РНОТОСОРУ | |
| | CUS | |
| দ্ব | FILING | |
| | COWAY USA LLC (CORPORATE NAME AND DOCUMENT #) | |
| | | |
| | (CORPORATE NAME AND DOCUMENT #) | |
| | (CORPORATE NAME AND DOCUMENT #) | |
| | (CORPORATE NAME AND DOCUMENT #) | |
| | (CORPORATE NAME AND DOCUMENT #) | |
| | (CORPORATE NAME AND DOCUMENT #) | |

ł

ARTICLES OF ORGANIZATION OF **COŁWAY USA, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is Colway USA, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1330 Murex Drive, Naples, Florida 34102.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Susan Meany Name

1330 Murex Drive Florida street address (P.O. Box NOT acceptable)

> Naples, FL 34102 City, State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

FILED

16 SEP 28 11 19:25

(CONTINUED)

ARTICLE IV - Manager(s) or Authorized Member(s):

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

| Title: | Name and Address: |
|---|---------------------------------------|
| "MGR" = Manager "AMBR" = Authorized Member | · · · · · · · · · · · · · · · · · · · |
| | |

MGR

Susan Meany 1330 Murex Drive Naples, FL 34102

ARTICLE V:

These Articles of Organization shall become effective as of the date of filing hereof.

REOUIRED SIGNATURE:

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.

Susan Meany, Member Typed or printed name of signee

G 85 d35 - 1 \bigcirc 25 203 C/3