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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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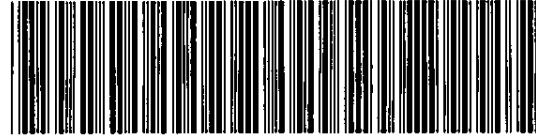
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CAPITAL CONNECTION, INC.

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

ALDK2, LLC

Signature _____

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11/15

Name _____

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____ Art of Inc. File _____
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY ALDK2, LLC**

ARTICLE I.

NAME

The name of the limited liability company is ALDK2, LLC (referred to as the "Company").

ARTICLE II.

ADDRESS

The Company's principal office and mailing address is 3067 Cecelia Drive, Apopka, Florida 32703.

ARTICLE III.

REGISTERED AGENT AND REGISTERED OFFICE

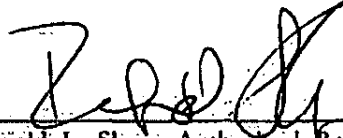
The name of the Registered Agent is Ronald L. Shaw. The Registered Office is 3067 Cecelia Drive, Apopka, Florida 32703.

ARTICLE IV.

MANAGEMENT

ALDK2, LLC is to be managed by one or more Managers, and is, therefore, a manager-managed limited liability company. Unless and until replaced, Ronald L. Shaw and Natalia Shaw shall serve as the Managers. At any time when there is more than one Manager, any one Manager may take any action permitted to be taken by the Managers.

On this 14 day of November, 2016, Ronald L. Shaw, as the authorized representative of ALDK2, LLC, has executed these Articles of Organization on its behalf.



Ronald L. Shaw, Authorized Representative
for ALDK2, LLC

Acceptance of Registered Agent

On this 14 day of November, 2016, I have been named as Registered Agent and designated to accept service of process for ALDK2, LLC. By signing below 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 Florida Statutes Chapter 605.



Ronald L. Shaw, as Registered Agent

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